

# Roles, Training, and Qualifications of Case Managers at Community Integrated Service Centers in Taiwan

## *A Narrative Review*

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### ABSTRACT

**Purpose of Study:** This study explored the roles, training, and qualifications of case managers in level A of Taiwan's long-term care (LTC) system, established within the Ten-Year LTC Plan 2.0, to identify their challenges and provide recommendations for enhancing their performance.

**Primary Practice Setting:** This study focuses on community integrated service centers in Taiwan, which serve as key hubs for delivering LTC services to Taiwan's aging population.

**Methodology and Sample:** A narrative review approach was implemented, with an extensive analysis of the literature in terms of the functions and training requirements of and the professional challenges faced by case managers in the LTC sector. This review included articles published between 2016 and 2024 in both English and Chinese.

**Results:** Case managers play a key role in linking LTC resources and coordinating care for older clients. However, they often face major challenges, including a high caseload, inadequate training opportunities, and a desire to quit, which adversely affect service quality and outcomes.

## INTRODUCTION

Taiwan is regarded as one of the fastest-aging countries in the world. As of June 2024, the proportion of individuals aged 65 years and above in Taiwan had reached 18.35% ((Ministry of the Interior, 2024)). This proportion is projected to exceed 20% by 2025, marking Taiwan's official transformation into a super-aged society. Population aging is a common phenomenon in developed nations, with Taiwan ranking fifth worldwide in terms of the speed of this transformation. By the end of 2024, Taiwan and South Korea are expected to share the shortest transition period in Asia from an aging society to a super-aged society (National Development Council, 2022). In 2006, Japan became the world's first super-aged society, attaining the highest proportion of aging individuals worldwide by 2010. This transformation established Japan as a key reference for Taiwan in its development of long-term care (LTC) policies and as a notable model for other aging Asian countries in the domain of LTC.

In 2016, Taiwan introduced the Ten-Year LTC Plan 2.0, referred to as LTC 2.0, in response to the increasing LTC requirements arising from rapid

aging. This plan was inspired by Japan's revision of its LTC insurance system in 2015 and focuses on strategic goals such as building a comprehensive community care system and equalizing the burden of costs (Hsieh et al., 2016). The goal of this plan is to establish a community-based comprehensive care system by introducing an innovative A-B-C service model. In this model, community integrated service centers, classified as tier A, serve as a key hub for LTC services. At these centers, case managers, referred to as case managers in tier A, play an essential role in Taiwan's case management system (Ministry of

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Health and Welfare, 2023), linking diverse LTC resources within their service areas to meet various needs, thereby enhancing overall coordination and facilitating localized service delivery (Ministry of Health and Welfare, 2023).

Despite the crucial role of level-A case managers in advancing community-based LTC, few studies have systematically discussed the roles, functions, training, and qualifications of these case managers. As of December 2023, the number of individuals receiving LTC 2.0 services had reached 505,020, accounting for 2% of the entire population (Ministry of Health and Welfare, 2023). These findings underscore the importance of exploring the professional training and certification of case managers in level A within the LTC system to ensure effective and high-quality case management. This paper attempts to address the knowledge gap by reviewing the literature on the roles, training, competencies, and qualifications of level-A case managers and determining how they fulfill their professional roles in the practice of LTC within Taiwan's rapidly aging society.

## METHODS

This study adopted a narrative review approach focusing on topic presentation (Ferrari, 2015). The databases used included the National Digital Library of Theses and Dissertations in Taiwan, the Academic Journal Database (formerly known as Chinese Electronic Periodical Services), Google Scholar, CINAHL, and PubMed, with additional data obtained from the gray literature. The keywords used in the search process were “case management,” “long-term care policy,” “level A,” “case manager in level A,” “community integrated service center,” “role,” “training,” “qualification,” and “certification.” Articles published between 2016 and 2024 were reviewed, with the search process limited to full-text articles available in Chinese or English. Additionally, the official website of the Ministry of Health and Welfare of Taiwan was used as a key resource for related information. This approach ensured the completeness of the search results, particularly given the paucity of journal studies exploring the topics of policy formation and regulations and the roles, training, and qualifications of case managers.

## Importance of This Review

Taiwan's rapid aging necessitates high-quality integrated LTC services. In 2007, the Executive Yuan launched the Ten-Year LTC Plan, also referred to as LTC 1.0, to achieve this goal. This plan clearly defined the target population, scope, and content for LTC

services. It also emphasized aging in place and promoted the development of community care resources through the establishment of LTC management centers (Executive Yuan, 2007). This effort laid the groundwork for the development of LTC 2.0. In 2017, with the changing population dynamics and increasingly diverse care needs, Taiwan initiated LTC 2.0, which offers a spectrum of ongoing care services to individuals with disabilities and dementia. This plan aims to establish a community-based, high-quality, affordable, and universal LTC system (Executive Yuan, 2022; Ministry of Health and Welfare, 2016). The primary objective of this initiative is to build an integrated community-based LTC system through a resource-integrated service network comprising three levels, namely level A (community integrated service centers), level B (compound community service centers), and level C (LTC stations around blocks). This system involves collaboration between central and local governments and the private sector and expansion depending on local requirements (Ministry of Health and Welfare, 2016).

Overall, the role of case managers emerged alongside the development of community integrated service centers through the establishment of necessary professional knowledge, skills, and qualifications, including pre-employment training, professional certification, and ongoing professional development. This study employed a narrative review approach to explore the roles, training, and qualification requirements of and the challenges faced by case managers working in Taiwan's community integrated service centers. It also provides recommendations for enhancing the regulations and guiding the future development of community-based LTC professionals.

## Case Management in Taiwan's LTC System

Case management, which originated in early 20th-century social work aiming to assist vulnerable populations, is a collaborative process that involves assessment, planning, coordination, and advocacy to meet individuals' health needs through effective communication and resource management (Hsieh & Wang, 2017). In 2016, the Case Management Society of America redefined case management as a collaborative caring process that relies on communication and available resources to meet the comprehensive health needs of individuals and families, thereby enhancing patient safety, care quality, and cost-effectiveness (CMSA, 2023). Case management has been integrated into health care systems not only in Taiwan but also in countries such as the United Kingdom, Canada, and Australia, focusing on the integration of medical and social care services through professional roles.

In 1998, Taiwan established its care management system by implementing the Three-Year LTC Plan for the Elderly, commissioning the establishment of LTC management demonstration centers across various counties. These centers aimed to integrate and manage LTC resources through a single-window system (Cheng & Lin, 2004; Executive Yuan, 2007). In 2001, Executive Yuan conducted an experimental project called the LTC Promotion Task Force to introduce care managers to LTC. In 2004, the Council for Economic Planning and Development proposed a single service window, multiple consultation channels, and a care resource notification system for enhancing service delivery, resource allocation, and quality monitoring (Ministry of Health and Welfare, 2004).

In 2008, Taiwan formally integrated case management into LTC practice through LTC 1.0 by classifying personnel into either care management or care service roles. Care management personnel were categorized as specialists and supervisors, and care service personnel were categorized as care attendants, nurses, social workers, and medical professionals. County LTC management centers employed care management specialists and supervisors to oversee intake, assessment, and resource integration, thereby ensuring service efficiency (Council for Economic Planning and Development, 2009; Liou, 2013). In 2017, LTC 2.0 was introduced to support aging in place through a community-based integrated service system (Figure 1 and Appendix Table A1).

### **Role of Case Managers in Community Integrated Service Centers**

A key goal of LTC 2.0 is to develop a comprehensive community care service system and thereby establish a localized LTC network (Fu, 2019). In the A-B-C framework, tier A plays a crucial role in the implementation of case management by linking LTC resources in the service area and strengthening service connections depending on the diverse care needs of clients. This approach leads to a robust localized service delivery system (Ministry of Health and Welfare, 2023). As a result of the workforce, funding, material resource, and capacity constraints faced by county LTC management centers, the ability to execute coordination and management functions is often limited. Therefore, the role of case managers in tier A was established to ensure effective case management (Chen, 2008). Case managers in tier A collaborate with county LTC management centers to formulate plans, evaluate LTC resources, and support resource connections in their service areas. They also regularly monitor care service quality and thus have a key role in the LTC management system (Ministry of Health and Welfare, 2016, 2023).

*As defined by the community integrated service center guidelines and case assignment principles, case managers in tier A are responsible for formulating care plans, linking service resources, and executing these plans following the assessment and approval of a case's disability level by a county care management center.*

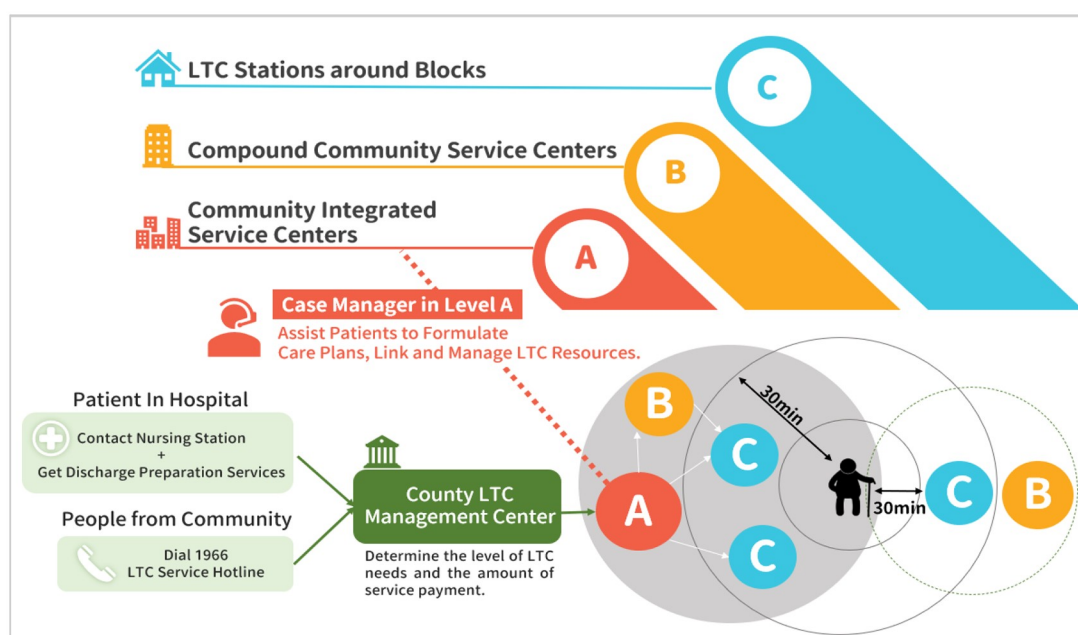
As defined by the community integrated service center guidelines and case assignment principles, case managers in tier A are responsible for formulating care plans, linking service resources, and executing these plans following the assessment and approval of a case's disability level by a county care management center (Ministry of Health and Welfare, 2023). According to the manual for case managers in tier A at community integrated service centers (Ministry of Health and Welfare, 2023), the main functions of these case managers are divided into five domains as follows:

1. The first domain is to do preliminary work by monitoring resources across various units and collecting case information.
2. The second domain is to develop care plans on the basis of applicable case quotas, problem lists, and care combinations.
3. The third domain is to ensure the connection of resources with tiers B and C or to provide referrals for non-LTC needs.
4. The fourth domain is to conduct regular quality monitoring and make frequent home visits, adjust care plans as necessary, or report to the county care management center for reevaluation.
5. The fifth domain is to serve as a consultation and complaint channel for LTC services by receiving feedback and addressing related problems.

Figure 2 depicts the case management service flow for LTC in Taiwan.

### **Qualifications and Training of Case Managers in Level A**

The role of case managers in tier A is to assist in the provision of LTC by formulating care plans, linking LTC service resources, and conducting follow-ups. Therefore, the central government mandates that these managers comprehensively understand community



**FIGURE 1**

Concept of the A-B-C service model. *Note.* Data were obtained from *Long-Term Care 2.0 in Taiwan—Responding to an Aging Society* (Ministry of Health and Welfare, 2017). The “30 min” label indicates the presence of a level C service center within 30 min of the patient’s residence. This figure was created by the author.

LTC resources and have relevant case management experience (Ministry of Health and Welfare, 2023). Table 1 summarizes the qualifications required for hiring case managers in level A.

To establish a community-based, multiobjective, uninterrupted service system, the Ministry of Health and Welfare designated tier A units and case managers in level A as key components in the sharing of case management responsibilities and serving as the hub for the service delivery system to implement intensive care management (Ministry of Health and Welfare, 2016). According to Article 3, Paragraph 1, Item 2 of the “Regulations on LTC Personnel Training, Certification, Continuing Education, and Registration,” case managers in tier A, designated as

personnel engaged in LTC programs announced by the central authority, must complete the Training LTC Joint Training Course (I) before employment. Table 2 and Appendix Table A2 present the specific training process and course content for case managers in community integrated service centers.

## DISCUSSION

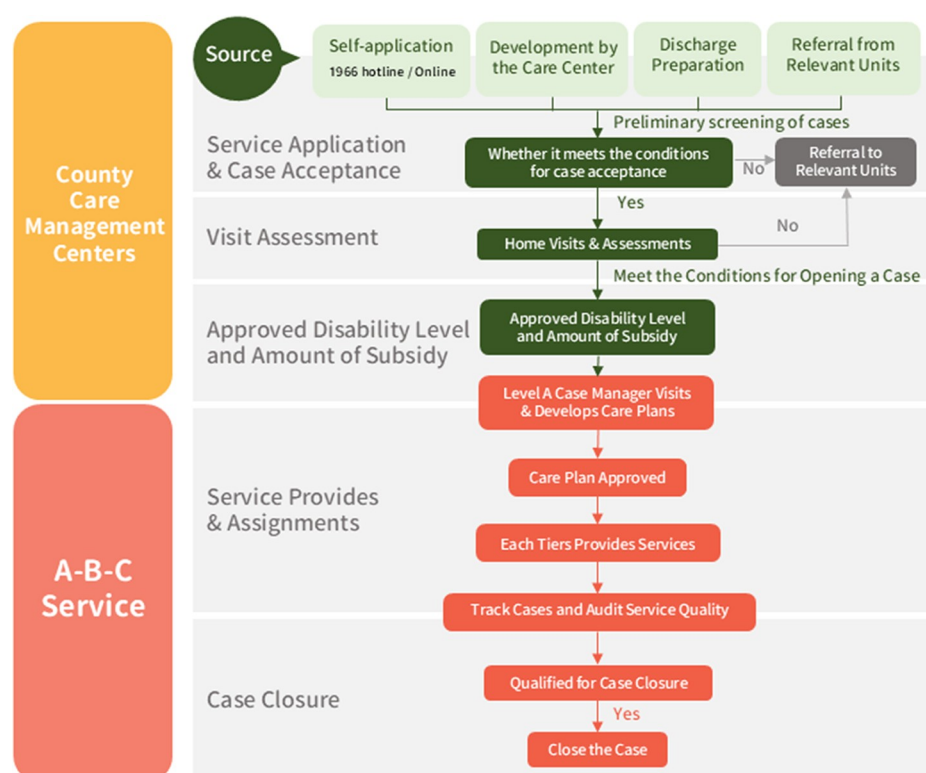
### Rolling Policy Adjustments

In terms of the provision of LTC case management services, certain county-level care management center staff and case managers in level A tend to adopt a co-visit system for case evaluation. This process commences when a county-level care management center receives an application from a member of the public, and this is followed by coordination with case managers in level A for joint case visits and assessments. Figure 3 depicts the interaction between case managers in level A, clients, caregivers, and level B or C service units.

Given the ongoing adjustments to LTC policies, case managers in tier A must continually update cases on policy changes, including copayment regulations and details of follow-up services, and this considerably increases communication costs. When policy adjustments lead to changes in eligibility requirements or result in unmet service expectations, case managers in tier A must act as the primary communicator with

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**FIGURE 2**

Case management service flow for LTC in Taiwan. *Note.* Data were obtained from the *Ten-Year Long-Term Care Plan 2.0 Report* (Ministry of Health and Welfare, 2016), *Long-Term Care 2.0 in Taiwan—Responding to an Aging Society* (Ministry of Health and Welfare, 2017), and *Taichung City Department of Health Long-Term Care Center Case Management Process—Fifth Edition* (Taichung City Government Department of Health, Long-Term Care Division, 2023). This figure was created by the author.

the case's family while managing resources and adjusting the care plan.

### Challenges of Training and Quality Control for Case Managers in Level A

Overall, the hiring conditions for case managers in level A enable individuals from diverse professional backgrounds with various educational levels and experience in LTC services to qualify for the role. Although relevant courses such as those for LTC and dementia are offered both before and after the beginning of employment, variation in the quality of case management services may arise as a result of differences in professional backgrounds. This discrepancy raises questions regarding the need for distinct continuing education plans for senior case managers who have completed their training versus those with less experience.

Training courses aim to enhance case managers' competencies, willingness to provide care, and overall service quality. However, budget and personnel deployment constraints often prevent case managers from engaging in necessary training or staying up to

date with the latest LTC information, potentially affecting service quality and violating the rights of care recipients (Kuo et al., 2022).

Reilly et al. (2010) identified three key factors in LTC case management, namely: (1) core elements, (2) practice, and (3) caseload, which are essential

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**TABLE 1**  
Qualifications for Hiring Case Managers in Level A

Relevant Work Experience in LTC Services	Qualifications Required
More than 1 year	<ol style="list-style-type: none"> <li>1. Being a medical professional or social worker</li> <li>2. Having a master's degree or higher in a major related to elderly care or public health</li> </ol>
More than 2 years	<ol style="list-style-type: none"> <li>1. Being a graduate of a junior college or higher in a major related to public health, medical management, social work, elderly care, or LTC</li> <li>2. Be qualified to undertake social worker examinations</li> </ol>
More than 3 years	<ol style="list-style-type: none"> <li>1. Having a nursing technician certificate</li> <li>2. Being a graduate of a vocational school majoring in nursing or elderly care</li> <li>3. Having a professional certificate, including those for licensed practical nurses, assistant pharmacists, occupational therapists, and physical therapy therapists</li> </ol>

Note. Data were obtained from the *Community-Based Integrated Service Centers (A) Case Management Personnel Handbook, Community-Based Integrated Care Service System* (Department of Long-Term Care, Ministry of Health and Welfare, 2023). This table was created by the author.

for the sustainability of LTC case management. A caseload can be used to evaluate the depth and scope of a case manager's interventions. According to the LTC Service Development Fund 113 Annual General Award Program Application: Award Projects and Criteria, each case manager in level A is expected to manage approximately 120 cases, with a maximum of 150 cases per month (Ministry of Health and Welfare, 2024). Every year, the government subsidizes case managers in level A at a rate of \$15,625 USD per individual, with a maximum of two individuals per location, thereby establishing a maximum subsidy of \$31,250 USD (Ministry of Health and Welfare, 2024). Nevertheless, although caseload rationality is included in the criteria for evaluating community integrated service centers, certain units continue to utilize existing staff when

their caseload exceeds their capacity to avoid increasing their personnel costs. This practice results in an excessive workload for case managers, which, in turn, affects the quality of care provided to clients (Kuo et al., 2022).

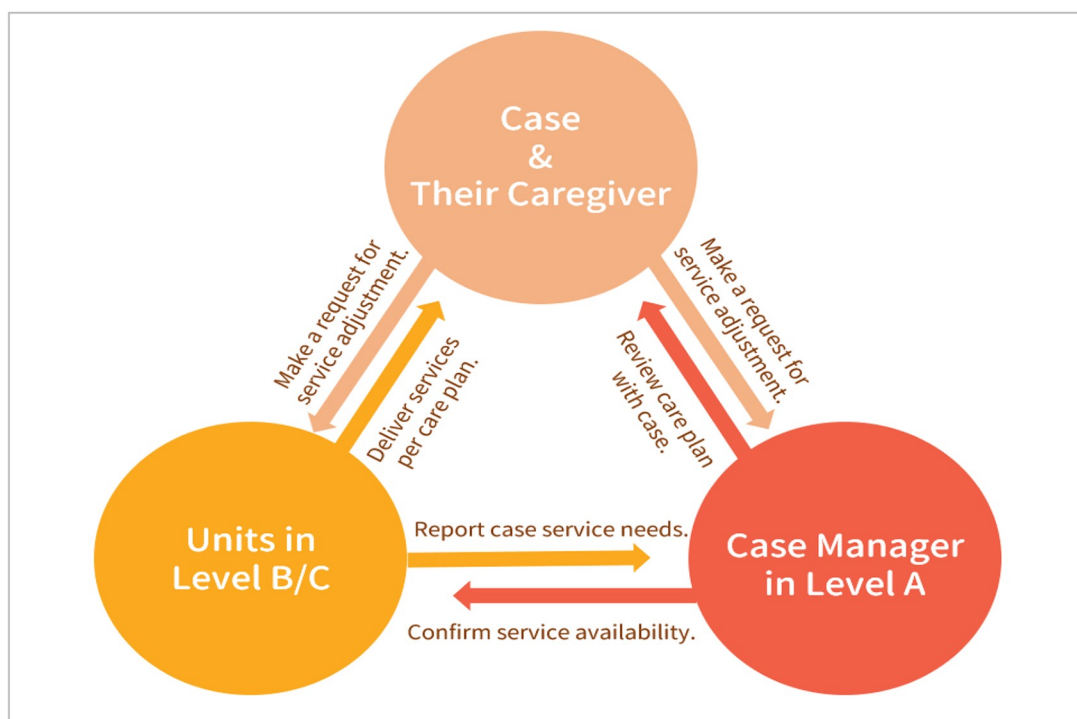
### Challenges in Human Resource Management

From a human resource management perspective, the turnover rate is high among case managers in tier A. In a survey of 37 administrative districts in Tainan City, Wei (2024) reported that 29% of case managers in level A had between 1 and 2 years of experience, whereas 53% had between 3 months and 2 years of experience. Similarly, in a study of 89 tier-A units in New Taipei City, Chien (2024) discovered that 32.4% of case managers in level A had between

**TABLE 2**  
Training Process for Case Managers in Community Integrated Service Centers (Level A)

Category	Course	Duration (hr)	Time Limit for Completion
Pre-employment training	Training LTC Joint Training Course	18	Before employment
Qualification training	Basic Training Course (Subject)	20	Within 3 months of starting employment
	Case Implementation	6	
Continuing education	LTC Professional Course (Level II)—Case Managers at Community Integrated Service Centers (Level A)	32	Every 6 years (including 120 continuing education points for LTC personnel every 6 years)
	8-hr Basic Training Course for Professional Personnel at Dementia Shared Care Centers	8	Within 3 months of obtaining level-A case manager qualification
	8-hr Training Course in Dementia Care for Medical Professionals (Advanced Course)	8	Within 6 months of obtaining tier-A case manager qualification
	LTC Service Units or Personnel Receive Continuing Education Based on Service Needs (Enhanced Services for People with Disabilities, Identification of High Burden Family Caregivers, C-Code Professional Services, etc.)	—	Every 6 years (including 120 continuing education points for LTC personnel every 6 years)

Note. Data were obtained from the *Community-Based Integrated Service Centers (A) Case Management Personnel Handbook, Community-Based Integrated Care Service System* (Department of Long-Term Care, Ministry of Health and Welfare, 2023). This table was created by the author.



**FIGURE 3**

Interactions between case care plan components. *Note.* Data were obtained from *When Being Scolded Becomes Everyday Life: An Institutional Ethnographic Analysis of Care Management in Long-Term Care* (Chuang, 2021, <https://hdl.handle.net/11296/t4vfbx>). This figure was created by the author.

1 and 2 years of experience, whereas 66.9% had less than 2 years of experience, indicating that over 60% of these managers were relatively new to their role.

## Challenges and Opportunities

### Challenges

Case managers in level A tend to encounter numerous challenges. Their main responsibilities are regular visits, care plan adjustments, service quality monitoring, and case management throughout the care process. Their primary sources of pressure include the following:

1. *High workload:* Each case manager typically handles 120–150 cases per month, resulting in substantial time and energy constraints.
2. *Policy and systematic pressure:* Case managers must adapt to the continually changing policies and quality control requirements imposed by local governments while coordinating with LTC management centers. They are also expected to be proficient in operating the Ministry of Health and Welfare's central system to ensure the quality and timeliness of services.
3. *Insufficient salary and human resources:* Although many case managers have a professional background in nursing or social work, the salaries for this role are often low because of budget

constraints, hindering the attraction and retention of high-quality personnel. This disparity creates a mismatch between workload and compensation, negatively affecting retention (Wei, 2024).

### Opportunities and Recommendations

To address the aforementioned challenges, government policies should prioritize professional training and continuing education for case managers. Research indicates that pre-employment and on-the-job training can considerably improve retention rates (Chien, 2024; Wei, 2024). The following are specific recommendations for improving retention rates:

1. *Increasing continuing education opportunities:* The government should implement policies encouraging continuing education by offering incentives, which can, in turn, prompt units to support staff from diverse backgrounds while they engage in training. This approach would enhance the professional skills of and increase job satisfaction and security for case managers.
2. *Improving salaries and promotion opportunities:* Given that the current salaries offered to case managers are low and that these managers' promotion pathways remain unclear, policy

adjustments are required to alleviate the burdens caused by communication costs and work pressure. These changes would provide systematic support, ensuring the quality, efficiency, and sustainability of LTC services.

## Implications for Case Management

According to discussion, to enhance case management practices in Level A required:

1. *Enhanced training programs*: Structured pre-employment and on-the-job training programs are crucial for equipping case managers with the competencies needed to navigate the complexities of LTC services.
2. *Improved resource allocation*: Addressing the challenge of high caseloads is essential to ensure case managers can deliver individualized care without compromising service quality. Rationalizing caseloads based on workforce capacity and service demand should be prioritized in policy frameworks.
3. *Policy support for retention*: Enhancing job satisfaction through competitive salaries, clear promotion pathways, and supportive work environments is critical for reducing turnover rates. Policies designed to improve the working conditions of case managers will directly impact the sustainability of the LTC workforce.
4. *Interdisciplinary collaboration*: Promoting collaboration between case managers and other health care professionals can optimize resource use and improve care coordination.
5. *Feedback mechanisms*: Establishing robust feedback systems for case managers can provide valuable insights into service delivery challenges and guide policy adjustments. Continuous evaluation will enable dynamic improvements in the LTC system.

Addressing these priorities will improve service quality, workforce sustainability, and overall LTC system efficiency.

## CONCLUSION

This paper presents a narrative review of the roles, training, and qualifications of case managers within the framework of Taiwan's LTC 2.0 policy and the A-B-C service model. It also discusses the opportunities of and the challenges faced by these case managers in Taiwan's LTC system. Despite their crucial role in enhancing the quality of LTC care, case managers in level A often face challenges related to policy adjustments, training and quality control, and human resource management. With policy support, gradual

improvements in care workforce ratios, comprehensive continuing education for professionals from diverse backgrounds, and enhancements in professional development and salaries, case managers in level A can become a central element of the LTC management system.

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**TABLE A1**  
Level A-B-C services and functions

Level	A—Community Integrated Service Centers	B—Compound Community Service Centers	C—LTC Stations Around Blocks
Service	Providing both day care and home services and expanding at least one of the services below: <ul style="list-style-type: none"><li>• Nutritious meals (community meal or meal delivery services)</li><li>• Home care</li><li>• Residential rehabilitation</li><li>• Respite care</li><li>• Assistive device rental/purchase</li></ul>	Providing services like home services, daycare, home care, nutritious meals, transportation, respite services, assistive device rental/purchase and home accessibility improvement, home/community rehabilitation, home care, etc. Also, must expand at least one of the following community-based services: <ul style="list-style-type: none"><li>• Small-size multi-function services</li><li>• Group homes</li><li>• Community rehabilitation</li><li>• Community meal service</li></ul>	Providing services like activities preventing or delaying progression of disability service, respite care, nutritious meals (community meal or meal delivery services)  A venue for social participation and community activities.
Main Functions	<ul style="list-style-type: none"><li>• Establish a localized service delivery system in a certain area to integrate and connect B-level and C-level resources</li><li>• Coordinate and link care service resources according to the care plan designated by the care managers</li></ul>	Provide localized care services in a fixed area.	<ul style="list-style-type: none"><li>• Provide respite service in the neighborhood</li><li>• Primary prevention</li></ul>
Amount	Less  More		

Note. Data were obtained from *Long-Term Care (LTC) 2.0 in Taiwan—Responding to an Aging Society* (Ministry of Health and Welfare, 2017). This figure was created by the author.

**TABLE A2****Training Courses for Case Managers in Community Integrated Service Centers**

Education and Training	Training Course Content	Duration (hr)
Training LTC Joint Training Course (Level I)	History and Development of LTC	1
	Ethics in LTC	1
	Cultural Safety and Gender Issues	1
	LTC Policies and Regulations (LTC 2.0, LTC A-B-C, etc.)	2
	Elderly and Disabled Rights Protection Issues	2
	Elder Protection and Related Legal Issues	2
	LTC Needs (Including Psychological Needs), Assessment, and Scenario Introduction	2
	Introduction and Application of LTC Resources	2
	Discussion on Interprofessional Case Collaboration Models	4
	LTC Training Course	<b>Total</b> 18
Basic Training Course (Subject)	Introduction to LTC 2.0 Policy, LTC Service Application, and Payment Methods	3
	LTC Information System and Practical Operation	1
	Roles, Functions, and Responsibilities of Case Managers at Community Integrated Service Centers	1
	Case Management and Service Quality	3
	Professional Integration and Resource Linkage	3
	Needs of the Disabled and Resource Utilization	2
	Family Care and Handling of High-Burden Families	2
	Ethical Issues	2
	Practical Case Sharing and Exercises	3
	Case Practice and Oral Presentation	6
	Theoretical courses (20 hours), case practice (6 hours), and oral presentation	<b>Total</b> 26
	Basic Content: Communication and Coordination, Infection Control, Personal Safety, Ethical Issues, and Practical Seminars	6
	LTC Needs Assessment: Indicator Content and Application of Assessment Scales, Care Plan Development	4
LTC Professional Course (Level II)	LTC Service Linkage:	12
	Community Work Methods and Community Service Resource Linkage, Needs Analysis and Resource Linkage for the Disabled, Needs Analysis and Resource Linkage for Dementia Patients, Family Care and High-Burden Family Handling Mechanisms, Professional Rehabilitation Services and Resource Linkage, and LTC Assistive Devices and Barrier-Free Home Environment Services and Resource Linkage	
	LTC Case Service Quality Control: Evaluation and Monitoring of Service Quality, Meaning, and Methods of Care Meetings	4
	Case Discussions	6
	Community integrated service center case managers	<b>Total</b> 32
	Continuing education	
	Basic Training Course for Dementia Joint Care Center Professionals	8
	Basic Training Course for Dementia (for Case Managers)	8
	Advanced Training Course for Dementia Professionals (Advanced Courses for Various Professionals)	8

*Note.* Data were obtained from the *Community-Based Integrated Service Centers (A) Case Management Personnel Handbook* (Ministry of Health and Welfare, 2023), *Taichung City Government Department of Health* (2023), and *New Taipei City Government Department of Health* (2024). This table was created by the author.

The instructions and test for this CE activity are available online as of September 1, 2025 for **nurses** at [www.nursingcenter.com/ce/PCM](http://www.nursingcenter.com/ce/PCM), for **case managers** at <https://alliedhealth.ceconnection.com/browse/professions/32> and for **healthcare quality professionals** at <https://alliedhealth.ceconnection.com/browse/professions/19>