

CASE MANAGEMENT OVERVIEW: "Case Management 101"

Presentation Outline:

- Case Management Functions per the National Association of Case Management (NACM)
- Case Management Functions per the Commission on Accreditation of Rehabilitation Facilities (CARF)
 Behavioral Health Standards
- Compare and Contrast Functions per NACM and CARF



Objectives:

Participants will be able to...

- Identify fundamental Case Management functions.
- Distinguish how these functions can be implemented across various populations.
- Compare and contrast basic functions of Case Management.



Methods:

- Discussion will consider how these standards (functions) can be applied in daily practice with diverse populations.
 - Discussion will identify and discuss imperatives and pitfalls in the application of these concepts.
- Dialogue is necessary.
 - Given that the concepts are likely not new to the participants, a didactic presentation would be insufficient to make the information/ideas be meaningful and useful.
 - Please, ask questions, share examples, and suggest alternative views.
 - Have fun!
- Outline is not to be rigidly followed.
 - · Case Management Functions overlap are interconnected.



Background/Assumptions:

- "Case Management is Case Management".
 - Although application of concepts may vary in some ways according to population, regulation, individual consumer/family needs, etc., the fundamental functions are consistent and implemented in similar ways.
 - SAM, Inc. applies these concepts in the provision of Case Management Services with Mental Health (MH), Intellectual Developmental Disabilities (IDD), and Early Intervention (EI) populations.



Background/Assumptions:

- Importance/Necessity of understanding these concepts before/during the implementation of the specific procedures and documentation standards/formats mandated by SAM, Inc. and involved regulatory and funding entities
- Importance of Supervision/"Coaching" Functions
 - "Parallel" Process
- Regulatory, funding, and legal requirements as "Minimum Standards"
- "Holistic" Approach



CASE MANAGEMENT SERVICES

Per

NACM (National Association for Case Management)



Case Management (CM)

- Historically, the term CM has been used generically in referring to various duties. More recently, it has been used to refer to a specific service or profession.
- Mental Health: Case Management
- Intellectual Developmental Disabilities: Supports Coordination
- Early Intervention: Service Coordination



CASE MANAGEMENT

Case Management is defined as "a practice in which the service recipient is a partner, to the greatest extent possible, in assessing needs, obtaining services, treatments and supports, and in preventing and managing crisis".



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Basic Functions of Case Management

- Obtaining Basic Supports
- Crisis Prevention and Intervention
- Assessment to Determine Needed Services and Resources
- Outcome-Focused Service Planning



Basic Functions of Case Management

- Referral and Linkage with Chosen Services
- Engagement and Development of a Helpful and Trusting Relationship
- Coordinating and Adjusting Service Delivery
- Advocacy



Critical Elements of Case Management Practice

- Coordination
- Consumer Choice
- Determining Strengths and Preferences
- Comprehensive and Outcome-Oriented Service Planning
- Collaboration with Other Service Providers
- Continuity of Care
- Family and Kindred Support



Coordination

Case Managers avoid duplication of services while insuring that all needed services are provided for the persons served.



Consumer Choice

Case Managers are responsible to empower the persons served to assume responsibility and control over their own lives through respecting the choices made by the persons served while helping to educate them about the possible consequences of those choices.



Determining Strengths and Preferences

Case Managers help persons served make the most of their strengths and work toward personal goals rather than focus on the perceived weaknesses of the persons served.



Comprehensive and Outcome-Oriented Service Planning

Case Managers are responsible to work with the person served to create an individualized service plan with specific outcomes and measurable goals and objectives based on the identified strengths and stated interests of the person served.



Collaboration with Other Service Providers

Case Managers are expected to establish collaborative working relationships with the network of provider agencies and support organizations throughout the community which provide services and supports to the persons served.



Continuity of Care

- Case Managers link persons served to those agencies and organizations, based on the choices made by the persons served.
- Case Managers also monitor the effectiveness of, and satisfaction with, those services and supports in an effort to help the persons served achieve the outcomes which they have identified on their service plans.



Family and Kindred Support

- Case Managers are responsible to provide communication and support to the families and other people that are important to the persons served.
- Communication with families is essential with the families of children receiving services.



Family and Kindred Support

- This communication is equally as important with the families of adults, but the adults receiving services must give permission to the Case Manager to share information with anyone, including family members.
- This connection to the family and the person's natural support network is crucial to the Case Manager's role and to the quality of the outcomes achieved by the person served.



CASE MANAGEMENT SERVICES

Per

CARF

(The Commission on Accreditation of Rehabilitation Facilities)

BEHAVIORAL HEALTH STANDARDS



Case management programs provide goal-oriented and individualized supports focusing on improved selfsufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities.



Successful service coordination results in community opportunities and increased independence for the persons served.



The persons served are linked to services and resources to achieve objectives as identified in their individual plan.



Personnel providing services have a working knowledge of the:

- Services that are appropriate for the needs of the persons served;
- Support systems that are relevant to the lives of the persons served.



- Activities carried out in collaboration with the persons served;
- Outreach to encourage the participation of the persons served;
- Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.



- Assistance with achieving goals for independence as defined by the persons served;
- Optimizing resources and opportunities through:
 - Community linkages;
 - Enhanced social support networks.



- Assistance with:
 - Accessing transportation;
 - Securing safe housing that is reflective of the:
 - Abilities of the persons served;
 - Preferences of the persons served;
 - Exploring employment or other meaningful activities.



- Provision of, or linkage to, skill development services needed to enable the person served to perform daily living activities, including, but not limited to:
 - Budgeting;
 - Meal planning;
 - Personal care;
 - Housekeeping and home maintenance;
 - Other identified needs.



- Evidence of linkage with necessary and appropriate:
 - Financial services;
 - Medical or other health care;
 - Other identified needs.



Case management activities are carried out in partnership and collaboration with the persons served.



Case management activities are carried out in the locations that meet the needs of the persons served.

Services, such as assessment, planning, coordination, and monitoring, can be provided in any setting that provides the best access to the persons served and is preferred by the persons served.



The intensity of case management is based on the needs of the person as identified in his or her individual plan.

There is a clear relationship between how often individuals are served and their specific needs.



Conclusion:

Compare and Contrast Functions per NACM and CARF

