



# CASE MANAGEMENT FOR ALL LEVELS OF CARE



MELISSA MENDIETA, RN CCM

Owner

Infinity Nurse Case Management

Field Case Manager / Catastrophic Case Manager

Workers Compensation

941-412-6094

[melissa@infinityncm.com](mailto:melissa@infinityncm.com)

# BACKGROUND

- I received my Diploma in Nursing from the Pottsville Hospital School of Nursing – RN Designation
- Lehigh Valley Hospital, in Allentown PA, in the Regional Burn Center
- Atlanta, GA, and was able to assist in the opening of the expanded ICU at Northside Hospital.
- St. Jude Medical, NeuroModulation Division, as a Clinical Nurse Specialist. I provided education and training to patients, family members, physicians and their staff on the benefits of Spinal Cord Stimulation for low back and leg pain.





# BACKGROUND

- California / Arizona /Colorado/ Florida- CareMeridian as a Regional Director of Business Development. CareMeridian, now NeuroRestorative, provides post-acute care specializing in Traumatic Brain Injury, Spinal Cord Injury and Neurological Disorders.
- Virginia – Omnicare Pharmacy – providing education for nurses related to IV infusion
- Wisconsin / Nevada/ Texas / Louisiana / Florida – PAM Health Specialty Hospitals – LTACH and ARU



# OBJECTIVES

- Identify the case manager in all levels of Care
- Identify licensure for Case managers
- Understand case management lingo
- Assess the needs of the patient
- Assess for the holistic approach
- Identify barriers to discharge
- Identify cultural differences
- Identify community resources



# WHAT'S IN A NAME?

- Case Manager
  - Field Case Manager
    - Catastrophic
    - Rehabilitation
  - Telephonic Case Manager
  - Facility Case Manager
  - Insurance Case Manager
- Care Coordinator
- Social Worker
- Case Worker





# CASE MANAGER

Case managers must possess many skill sets in addition to those needed in a traditional staff nurse role, and might be considered “advanced practice” for that reason.

- Clinical Communication
- Decision-making and problem-solving
- Organizational
- Conflict resolution
- Teamwork
- Delegation
- Tolerance
- Cultural sensitivity

– Health Leaders



**Jose Alejandro-White**

PhD, RN-BC, MBA, CCM, ACM, FACHE, FAAN

# LICENSURE AND CREDENTIALING

- Registered Nurse
  - Licensed Practical Nurse
  - Licensed Social Worker
- 
- According to CCMS professional nurses make up to 89% of certified case managers





# COMMISSION FOR CASE MANAGER CERTIFICATION (CCMC)

- They must have undergone postsecondary nursing training
- They must have licensure to practice in the field (e.g. RN certification)
- They must have practiced in case management for at least a year under the supervision of a certified case management professional



# AMERICAN NURSING CREDENTIALING CENTRE (ANCC) NURSE CASE MANAGER CERTIFICATION (RN-BC)

- They must possess an active RN license
- They must have a minimum of two years' experience in the registered nursing field
- They must have clocked 2,000 hours or more in case management practice in the last three years
- They must have completed a minimum of 30 hours in case management training



# AMERICAN CASE MANAGEMENT (ACM) CERTIFICATION

- They must provide a current and valid RN license
- They must provide proof of a minimum of one year experience in a case management position
- They must provide supervisor contact information if their experience is less than two years





# WHERE CAN I FIND A CASE MANAGER?

- Government agencies
- Long-term care facilities
- Hospices
- Outpatient clinics
- Community health centers
- Medical supply companies
- Hospitals
- Physician Offices



# I'D LIKE TO BUY A VOWEL....

- ANC – Ancillary Services
- CE – Claims Examiner
- CHT – Certified Hand Therapist
- COE – Center of Excellence
- CON – Contracted Provider
- DME – Durable Medical Equipment
- HHA – Home Health Aide
- IDT – Interdisciplinary Team Meeting
- IME – Independent Medical Exam
- LOC – Level of Care / Loss of Conscious



# I'D LIKE TO SOLVE THE PUZZLE PLEASE....

- NCS – Non-covered Services
- OON – Out of Network
- OOP – Out of Pocket
- OT – Occupational Therapy
- PCA – Personal Care Attendant
- PCP – Primary Care Provider
- PT – Physical Therapy
- ST – Speech Therapy
- WC – Work Comp / Wheelchair / Wound Care





# WHEN DO WE START PLANNING FOR DISCHARGE?

- UPON ADMISSION
  - We should be assessing that patient as soon as they hit our floor



# SO WHAT DO YOU DO?

- Assessment
  - Patient
    - What are the needs?
      - Type of care
      - Equipment
      - Services
    - Where should they go?
      - What's the appropriate Level of Care?
    - Who will be there to help?
      - Do they have a support system?



# SO WHAT DO YOU DO?

- Assessment
  - Family
    - Can they support the patient?
      - Is someone home to provide care?
    - What are the living arrangements?
      - Apartment / House/ LTC
      - Who lives in the home?
    - What will the family need?
      - Services
      - Education





# SO WHAT DO YOU DO?

- Holistic Approach
  - We're not just treating the injury / illness, we are treating the whole patient!
  - You've got to ask "and then"
  - Involve the patient/ family / hospital team



# WHERE DID YOU SAY YOU'RE FROM?

- Culture Plays an important role in care planning
  - Who is involved?
  - What are the beliefs?
  - What are the expectations?
  - Are there Religious aspects to be considered?
  - Language Barriers to planning



# WHAT IS THE RIGHT NEXT LEVEL OF CARE?

- Will the patient require additional medical treatment?
  - Ventilator / wound care / nursing / MD oversight
- Where does therapy fit in?
  - Acute Rehab Services
- Are we looking at permanent placement?
  - Skilled Nursing Facility / Long term care facility





	ACUTE HOSPITAL	LONG TERM ACUTE CARE HOSPITAL	REHABILITATION HOSPITAL	SKILLED NURSING FACILITY
NURSING INTENSITY	8 HRS of direct care per day	8 HRS of direct care per day	6 HRS of direct care per day	4 HRS of direct care per day
THERAPY INVOLVEMENT	10-20 minutes	30 minutes – 1.5 hours	Minimum 3 hours One-on-on therapy	30 minutes – 2.5 hours
PHYSICIAN INVOLVEMENT	7 days a week	7 days a week	7 days a week	1 visit within 1-7 days, then 1 visit x 30 days
STABILITY OF PATIENT	Conditions change dail	Conditions change by the week	Conditions change by the week	Conditions change by the week
RISK FACTOR	Medically fragile	Medically complex	Daily medical needs	Stable
AVERAGE LENGTH OF STAY	3-5 days	15+ days	7-12 days	20+ days
SPECIALTY PHYSICIAN INVOLVEMENT	Full range of physicians	Full range of physicians	Specialty physician onsite Consult as needed	Limited Specialties Available

# CAN'T I JUST GO HOME?

- Implementation
  - What is the doctor ordering?
  - What is the insurance authorizing?
  - What services will be needed?
  - Do they fit the criteria?
  - Is the patient cooperative?



# WHAT ARE THE BARRIERS?

- Accessibility to services
  - Is there wheelchair access to the home?
  - How will the patient be transported?
  - Can the dialysis facility accommodate this patient?
- Is there a provider close by?
  - Wound Care, therapy, dialysis





# WHAT ARE THE BARRIERS?

- Payment for services
  - Not all services that are needed are covered
    - This is where the OOP expenses come in
  - Receiving authorization for care is important
    - Document everything including auth number and days authorized / get it in writing
- Finding In-Network providers will help with overall costs
  - Yes, we are also responsible for helping to maintain budgets



# WHAT ARE THE BARRIERS?

- Family Support
  - Is the family willing and able to help?
    - This is both physically, mentally, emotionally, and financially
  - Will the family need education prior to discharge?
    - Dressing changes / Wound care / use of adaptive equipment
  - Does the family agree with the discharge plan?
    - Are they encouraging or discouraging the patient?



# GONE BUT NOT FORGOTTEN...

- Community Resources
  - How do we monitor progress after they've left our care?
    - Does your facility have a “checking in” service for discharged patients
      - Minimizes re-admissions (yep....that's on us too)
  - Are there support groups the patient / family can attend?
    - Brain Injury / Spinal Cord Injury / Wounded Warrior
  - Does the pharmacy provide screenings?
    - Blood Pressure / Blood Sugar / Medication Review





# GONE BUT NOT FORGOTTEN...

- Community Resources
  - Adult Daycare
    - Alzheimer's unit
    - Keeping active and not sitting at home
  - YMCA
    - Continue therapy
    - Swimming pool



# RESOURCES FOR CASE MANAGERS

- The Case Management Society of America (CMSA) is the leading, oldest, and largest membership association providing professional collaboration and education across the healthcare continuum. If there is a patient, there is most likely a CMSA member providing their Case Management.
- As a member, you gain exclusive access to benefits such as timely case management knowledge through publications, events, and access to 160+ complimentary continuing education courses 24/7. In addition, you'll join a vast community of Case Managers practicing across the care continuum and at every level of practice\*.
- <https://cmsa.org/>



# RESOURCES FOR CASE MANAGERS

ACMA is the trusted resource and professional community for case management and transitions of care professionals. When you join ACMA as a member, you are aligning yourself with the tools, resources and connections to help you with career advancement as well as the opportunity to make a difference to improve health care across the nation. Join ACMA for the professional advantages you won't find anywhere else.

<https://www.acmaweb.org/>





# RESOURCES FOR CASE MANAGERS

- The local CMSA chapters are the building blocks of CMSA National. The All-Florida Case Management Network is one of the leading chapters across the country. Our efforts support case managers in every setting and help to meet the professional development needs of those who work as case managers.
- <https://cmsanefl.org/board.php>





# QUESTIONS?

