



Care Management

Program Description

March 2009
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CenCal Health Care Management Program Description
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I. STRUCTURE AND ORGANIZATION

Care Management Mission

The mission of care management is to empower our members to take control of their health care needs across the care continuum by coordinating quality health care services through an appropriate, cost-effective, and timely care management plan. The value of care management will be evidenced by best practices and quality outcomes that contribute to the optimal health, function, safety, and satisfaction of our members.

Definition of Care Management

In order to achieve the CM mission statement, all care management processes and activities are consistent with the following definition of care management:

Care management is a collaborative process that assesses, develops, implements, coordinates, monitors, and evaluates care plans designed to optimize members' health care across the care continuum. It includes empowering members to exercise their options and access the services appropriate to meet their individual health needs, using communication, education, and available resources to promote quality outcomes and optimize health care benefits.

This definition was developed using the following resources:

- URAC Standards for Case Management Accreditation (1999; 2002).
- Case Management Society of America's (CMSA) Standards of Practice for Case Management (1995; 2002).
- Commission for Case Manager Certification's (CCMC) Certification Guide (2001; 2003; 2004).

Care Management Program Model & Philosophy

Care Management is a unique medical management strategy, where the Chief Medical Director oversees the proper provision of covered services and employs a focus on the timely, proactive, and collaborative coordination of services for individuals with complex medical conditions or risk. Cases may be identified by dollars spent or high utilization of services, by disease state or condition, provider and member referrals, or other financial or utilization-based triggers.

Care Managers assist in assessing, coordinating, monitoring, and evaluating the options and services available to meet the individual needs of these members across the care continuum. The essential functions of the Care Manager include assessment, planning, facilitation, and advocacy--as defined by the current standards of practice for care management. Through interaction with the member, significant other(s), and provider(s), the Care Manager collects and analyzes data about the actual and potential care needs for the purpose of developing a care plan.

The **defining features** of care management include:

- Care management is a collaborative process that includes contact and communication with both the member and the physician or other health care providers.
- The Care manager assesses, develops, implements, coordinates, monitors, and evaluates care management plans for members who agree to be in the program.
- The care management process is carried out using communication and available resources with the goals of promoting quality and effective outcomes.
- Care management plans are designed to optimize members' health care outcomes while empowering members to exercise the benefits, services, and options appropriate to meet their individual health needs.

There are a number of essential elements that are considered unique guiding principles of the Care Management model at CenCal Health. In addition, there are also a number of underlying core values which guide the continuing development and implementation of this model of care management (please refer to Table 1).

**Table 1:
Key Characteristics and Guiding Principles of CenCal Health’s Care Management Model**

Guiding Principles	<ul style="list-style-type: none"> ▪ Comprehensive, holistic approach ▪ Member empowerment ▪ Education ▪ Anticipation of needs ▪ Informed choice & consent ▪ Use of community resources ▪ Promoting adherence with physician-prescribed treatment plan ▪ Self-care management of chronic conditions ▪ Promoting evidence based care ▪ Integrating behavioral change science
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Care management can be instrumental in aligning the interests of and creating sustainable relationships between CenCal Health, the member, and the physician and other health care providers. Consistent with current standards of practice in care management, this model of care management helps implement a best-practice, evidence-based approach to medical management at CenCal Health. The contributions and value care management brings will help to achieve the mission of CenCal Health:

Care Management Program Goals and Initiatives

The goals of the Care Management program are:

- To consistently perform the activities of assessment, planning, facilitation, and advocacy for members throughout the continuum of care, consistent with accreditation standards and standards of practice.
- To collaborate and communicate with the member/family, the physician and other health care providers in the development and implementation of a care plan that is driven by the member’s goals for health improvement.
- To accomplish the goals in the individual member’s care plan.
- To provide members and their families with information and education that promotes self-care management.
- To educate and involve the member and family in the coordination of services.
- To assist members in optimizing use of available benefits.
- To improve member and provider satisfaction.
- To assure timely interventions that increase effectiveness and efficiency of care/services provided to the member.
- To promote effective utilization and monitoring of health care resources while ensuring that services arranged or coordinated are appropriate for the member.
- To promote the health, independence, and optimal functioning of members in the most proactive and effective way.

Major initiatives for care management include:

- Monitoring the consistent application of care management (CM) policies, procedures, and processes, and improving processes as needed.
- Implementation of standard operational metrics to monitor the quality, efficiency and effectiveness of the care management program.
- Improving effective communication of CM policies and processes.
- Ongoing analysis of standard care management quality improvement indicators to monitor and evaluate the effectiveness of care management programs.
- Ongoing analysis and monitoring of the results from the CM quality audit process to promote a consistent approach to care management (case initiation, assessment, planning, coordinating, monitoring, evaluating).

Care Management Program—Accountability and Responsibility

CenCal Health has operational, administrative and fiscal responsibility for the Care Management (CM) Program. To effectively achieve the program goals and objectives, licensed healthcare professionals (including nurses, physicians and other clinically educated professionals) are responsible and accountable for CM program services and activities. These clinical professionals perform direct care management activities as well as provide oversight and management of the CM program. Additionally, non-licensed associates support the business operations of various

The Care Management (CM) Program functions ultimately under the direction of the Chief Medical Officer. These senior clinical staff associates provide guidance for and are responsible for all clinical aspects of the CM program. Responsibilities include (but are not limited to):

- Leadership for assurance of consistent adoption and implementation of all care management strategies, policies, and processes.
- Clinical leadership for the development and implementation of a consistent care management program based on best practice.
- Clinical leadership for care management accreditation activities.

Staff providing clinical leadership for the care management program will have a current, unrestricted clinical license; appropriate qualifications to perform clinical oversight of the program; post-graduate experience in direct patient care; and (if a physician) board certification

In general, the Chief Medical Officer whose responsibilities include support of the CM Program must meet job description requirements that include education, training or professional experience in medical or clinical practice, and current California licensure to practice without restrictions.

A licensed Supervisor, Manager and/or Director with appropriate health care experience (as described in respective job description) has oversight of day-to-day care management performed by designated associates within their department. These associates are responsible for:

- Direct day-to-day supervision of assigned Care Managers and support staff.
- Operational oversight of care management activities.
- Gathering data and reporting on process measures (including aggregated results of quality case review outcomes).
- Integrating CM Case Review process criteria into individual performance plans as part of the care manager performance planning process.

- Addressing results of individual CM Quality Case Reviews during the care manager performance review process.
- Assisting with quality improvement and performance management activities.

II. STAFF STRUCTURE, QUALIFICATIONS, AND FUNCTIONS

Qualifications of Care Managers (Scope of Practice & Licensure/Certification)

CenCal Health utilizes licensed registered nurse health care professionals in the role of the Care Manager.

Qualifications required for Care Managers should include one of the following:

- A bachelor's (or higher) degree in a health-related field and current & active licensure as a health professional; or
- Certification as a Case Manager; or
- Current & active RN licensure and a minimum of 3 years clinical practice experience, 5 years preferred. (Community-based home health care, rehabilitation or discharge planning experience preferred.)

Care Managers are required to function within their individual scope of practice as defined by the appropriate state licensure board. Care Managers are expected to be familiar with and understand the scope of their professional licensure, and carry out care management activities consistent with the scope of this licensure.

Care Managers are required to maintain their professional license(s) and provide immediate notification if at any time the license is subject to disciplinary actions, revocations, or is rendered invalid for any reason. The care manager is required to provide his/her manager with valid proof of licensure following renewal of his/her professional license.

Care Managers who have achieved professional case management certification are also required to provide his/her manager with valid proof of initial certification, as well as valid proof of certification at least every three years.

Essential Functions of a Care Manager

The role of the CenCal Health Care Manager includes the essential functions and key responsibilities as described below. These key functions and responsibilities are consistent with current standards of practice and are therefore vital to implementing a best-practice model of care management.

Table 5 Essential Functions and Key Responsibilities of a CenCal Health Care Manager

<i>Function</i>	<i>Key Responsibilities</i>
Case Initiation	<ul style="list-style-type: none"> ▪ Verify and document that members accepted into care management are appropriate (consistent with target population for program). ▪ Obtain verbal consent (with preference for written consent) for participation in care management from member or member's representative. ▪ Document consent in case notes.

Table 5 Essential Functions and Key Responsibilities of a CenCal Health Care Manager

<i>Function</i>	<i>Key Responsibilities</i>
Assessment	<ul style="list-style-type: none"> ▪ Conduct and document an assessment for each member accepted into care management, utilizing available tools. ▪ Through interaction and communication with the member or member's representative, collect and analyze relevant information for the purpose of developing a care plan. ▪ Identify individual needs based on the member's and/or caregiver's understanding of his/her condition(s) and any barriers to adherence with the physician-prescribed treatment plan.
Planning	<ul style="list-style-type: none"> ▪ Analyze findings from assessment and develop an individualized care plan in collaboration with the member, the member's representative, the primary physician and other health care providers. ▪ Document identified issues, goals (long & short term), target goal dates, interventions, collaborative approaches and resources, and time frames for follow-up on the care management plan. ▪ Incorporate evidence-based interventions and goals into the care management plan when evidence-based criteria are available, such as clinical practice guidelines for chronic conditions.
Coordination	<ul style="list-style-type: none"> ▪ Coordinate the interventions specified in the care management plan in order to provide the optimal benefits coverage possible as well as to promote continuity of care and integration of services for the member across a range of settings. ▪ Collaborate and communicate with member, family, member's representative, physician, and other health care providers to accomplish the goals on the plan. ▪ Assist with coordination of care with existing community-based programs and services to meet the identified needs of the member.
Monitoring and Evaluation	<ul style="list-style-type: none"> ▪ Monitor, reassess, re-evaluate, and document the goals and interventions on the care plan to determine if desired outcomes have been met and goals on care plan achieved, or if revisions or modifications are needed. Evaluation occurs over specific time frames and is a continuous process. ▪ Revise the care plan as needed and document any changes consistent with the member's dynamic needs.
Facilitation	<ul style="list-style-type: none"> ▪ Facilitate member and/or caregiver education and understanding to mitigate risk behaviors and to promote and achieve positive health and wellness outcomes. ▪ Actively promote and facilitate communication and collaboration between the member, family, physician, and other care providers involved in the member's care. ▪ Incorporate the member's individualized needs, strengths, goals, and choices with the benefits available in the member's health benefit plan throughout the care management process.

Table 5 Essential Functions and Key Responsibilities of a CenCal Health Care Manager

<i>Function</i>	<i>Key Responsibilities</i>
Advocacy	<ul style="list-style-type: none"> ▪ Serve as member advocate by providing support and education to empower members and families to become self-reliant in managing their disease processes as well as facilitate return/transition to work/school where appropriate. ▪ Protect the privacy and confidentiality of the member at all times in accordance with CenCal Health’s confidentiality policy and applicable laws and regulations. ▪ Provide the member with information about specific health care needs to help them participate fully in their own care. ▪ Seek to understand relevant cultural information and to work effectively, respectfully, and sensitively within the member’s cultural context.
Professional Development and Continuing Education	<ul style="list-style-type: none"> ▪ Participate in continuing education offerings to maintain professional licensure and certification to meet professional development needs to improve and expand care management skills and knowledge. ▪ Maintain a working knowledge of member benefits, professional standards of practice, community resources, and current health care practices to ensure that optimum clinical, financial, and resource outcomes are achieved.
Utilization Management	<ul style="list-style-type: none"> ▪ Authorize appropriate services and available benefits through appropriate application of Medical Policies, clinical guidelines and criteria, UM policies, national standards, and professional judgment (following the appropriate hierarchy of these criteria per product/region.)
Documentation and Communication	<ul style="list-style-type: none"> ▪ Conduct verbal and/or written communication with members, physicians, and other members of the health care team and provide appropriate documentation of information relevant to care management. ▪ Document appropriate clinical information and data in an ongoing, timely, accurate, and concise manner, using available tools in the medical management system.
Quality Improvement	<ul style="list-style-type: none"> ▪ Monitor to assure that activities are consistent with professional standards of practice as well as all applicable policies and procedures. ▪ Identify process-oriented opportunities for improvement to promote quality medical care, cost effective delivery, and service excellence. ▪ Provide ongoing evaluation of care management interventions and outcomes data to improve the provision of CM services.

III. ASSOCIATE MANAGEMENT AND DEVELOPMENT

Performance Management Process

A written **job description** exists for all staff performing care management activities that address the following:

- Required education, training, and or professional experience;
- Expected professional competencies
- Appropriate licensure/certification requirements, and
- Scope of role and responsibilities.

Performance Management for all staff is a process in which the supervisor and care management team collaboratively develop and monitor performance goals, core competency targets, and development plans. Performance Management focuses on the following:

- An annual plan that includes performance goals and measures, the desired behaviors expected in each competency category, and areas of redevelopment and professional improvement.
- Ongoing feedback regarding progress toward performance and development goals, as well as core competency targets.
- Annual evaluation of accomplishments, performance stretches, and areas of redevelopment.

The development of performance plans and subsequent performance reviews occur annually and generally may involve a performance planning and review document as well as discussion with the manager.

Continuing Education and Professional Development

CenCal Health encourages Care Managers to develop professional competency in care management through continuing education and professional development activities.

If not certified upon hire, Care Managers are encouraged to pursue case management certification. Certification is a professional credential, granted by a national organization that signifies that the individual has met the qualifications established by that organization.

IV. QUALITY MANAGEMENT

Standard Operational Metrics for Care Management

A key operating metric for care management includes the rate of cases managed. This is to be measured consistently and reported on a regular basis to senior management.

Care Management Quality Case Review Process

On at least an annual basis, a minimum of 5 care management (CM) quality case reviews per care manager are completed. This quality care review is designed to assess the care manager's ability to consistently implement and document the care management process (i.e. case initiation, assessment, planning, coordination, monitoring, and evaluation). The focus of the quality case review is to ensure that the individual care manager appropriately follows the established care management process.

The purpose of performing CM quality case reviews includes:

- To ensure that the purpose and goals of care management are documented, accurate, consistent, complete, and compliant with established policies, procedures, criteria usage, and medical management system usage.
- To identify opportunities for improvement in the quality of care management services provided.
- To achieve care management goals as established in member-specific care management plans.
- To assist in identifying staff education needs regarding appropriate documentation and appropriate care management processes.

V. THE CARE MANAGEMENT PROCESS

Care management activities are carried out consistent with the care management process as defined by current Standards of Practice for Case Management (published by the Case Management Society of America). These CM process activities include:

- Case Identification/Case Selection
- Case Initiation: Member Consent for Participation in Care Management
- Assessment
- Planning
- Monitoring & Evaluation
- Case Closure

VI. ADDITIONAL CARE MANAGEMENT PROGRAM ISSUES

Guidelines for Care Manager Caseloads

Caseload guidelines have been established for the care management program. Caseload targets are developed with consideration of the role requirements and essential functions of the care manager, as well as the complexity of cases typically seen in each care management program. The purpose of these policy-specific guidelines is to help ensure that care manager caseloads are reasonable and manageable for the performance of care management activity in each county in which CenCal Health conducts care management activity.

The CM Supervisor is responsible for routinely monitoring caseloads of each Care Manager, and adjusting (redistributing or withholding) new case referrals as necessary to mitigate the risk of exceeding recommended caseload maximums. Care Managers should also notify the CM Supervisor if the caseload and/or activity load exceed the guidelines.

Physician Consultation

Care management staff (care managers, supervisors, and managers) may consult with or seek advice from licensed and credentialed physicians with expertise appropriate to the type of case being managed. A care manager may utilize an available physician reviewer or the Chief Medical Officer if a physician's advice or consultation is required at any point in the care management process. A physician reviewer is accessible to clinical staff by phone, by email, or in person. Additionally, Care Management Rounds are held bi-weekly where difficult cases are brought up for discussion.

Confidentiality and Records Management

All CenCal Health staff has a responsibility to keep member information confidential in accordance with applicable federal and state laws. CenCal staff must follow a number of member

rights pursuant to Federal and State law when collecting, using or disclosing member information. Specifically:

- Collection, use, and disclosure of protected health information (PHI)
- Individual rights
- Personal representatives, authorized representatives, informal representatives
- Administrative requirements

At all times during the care management process, the Care Manager is to maintain the confidentiality of member information in accordance with applicable laws and regulations.

Ethical Framework for Care Management Practice

Guiding principles for care management practice at CenCal Health include collaboration, advocacy, self-care management, empowerment in decision-making, education, informed choice, anticipation of needs, linkage with community resources, and assisting the member to navigate the health care system.

Associate, Agent, or Consultant Compensation

CenCal Health will NOT compensate, financially incentivize, or otherwise reward its employees, consultants, or agents for inappropriate restrictions of care. Medical management decision making is based solely on appropriateness of care and services and applicable terms of the benefits contract.

Safety and Protection of Members

Reporting Suspected Abuse and/or Neglect

Care Managers have a legal responsibility under state law to report suspected events such as child, or adult, or elder abuse. Care Managers are also ethically bound to report suspected abuse or neglect. Any Care Manager who suspects that a member is or has been the subject of abuse and/or neglect, or suspects an adult of abusing, neglecting or exploiting a child or another adult, should immediately notify their supervisor and report the situation to the appropriate agency/authority.

Handling Suspected Emergencies During Telephonic Contact

If, in the course of telephonic care management, the Care Manager suspects that a member is experiencing an emergency that is potentially life threatening, including suicidal threats, the Care Manager will call 911 or the appropriate emergency number and notify their Supervisor.

Member Legal Issues

During the course of the care management process, the Care Manager may encounter legal issues or questions that a member may have. When legal concerns are identified, the Care Manager will identify and seek resources that members may be referred to for help with resolving legal questions such as how to obtain or create an Advance Directive. Care Managers may refer to the internal list of community resources that members may be referred to for help with resolving legal questions.

Miscellaneous Consumer Protection

CenCal Health complies with all rules and regulations pertaining to consumer safety protection, including the Americans with Disabilities Act (ADA) and other laws protecting the rights of consumers.

Utilization Management Functions/Services

Care management staff complies with Utilization Management (UM) policies and procedures as applicable to the services offered in each county/product.

VII. APPROVAL AND SIGNATURES

2009 CenCal Health Care Management Program Description

The 2009 CenCal Health Care Management Program Description is subject to, at a minimum, annual review and revision as necessary. The Care Management Program Description is presented and approved at the following committees:

Medical Management Committee:

Date of Approval

Health Operation Committee:

Date of Approval

Medical Advisory Committee:

Date of Approval

Quality Improvement Committee:

Date of Approval

Approval Signatures:

Patricia M. Sabella, RN, MPA
Chief Nursing Officer/Director of Health Services

Date of Approval

Irwin Harris, MD, MBA
Chief Medical Officer

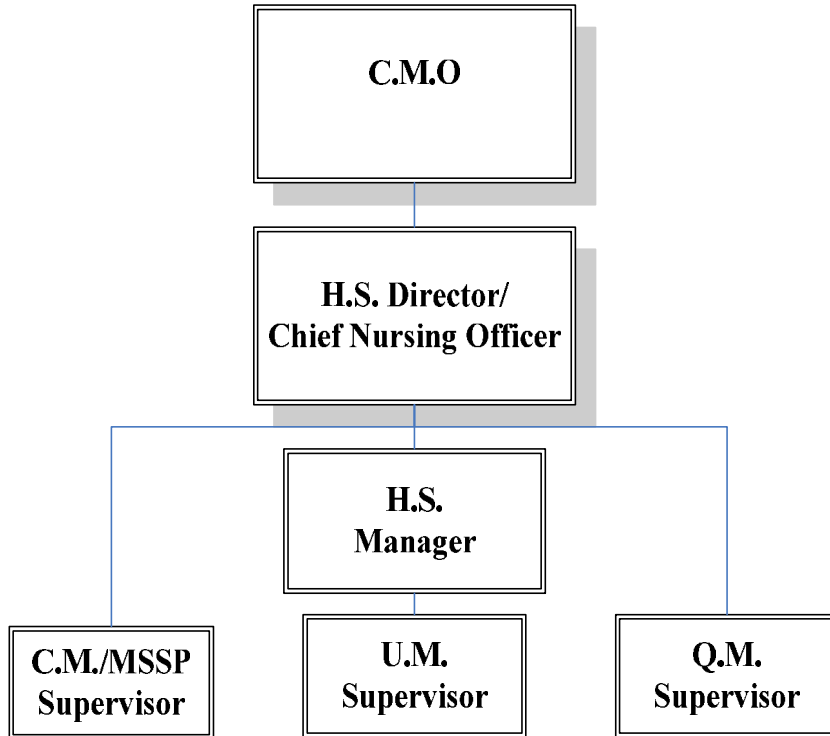
Date of Approval

VIII. APPENDICES

- A. Health Services Organization Chart
- B. Care Management Unit Organization Chart

APPENDIX A

Health Services Organization Chart



APPENDIX B

Care Management Unit Organization Chart

