

Community Case Management Information Sheet

Program goals for Community Case Management:

- Maintain improved authorization and coordination of services for members and their families using a SINGLE ENTRY POINT
- Maintain greater responsiveness to families, providers and vendors
- Insure assessment and authorization processes remain unbiased: separate the assessment and authorization processes from the providers
- Cost savings from reduced Emergency Room visits and hospitalizations, systematic Third Party Liability (TPL) identification and better utilization of healthcare services (for example, blending of services)

What do we do?

- Comprehensive, qualitative, personalized needs assessment beginning with a case manager visit prior to discharge and/or in the child's home
- Weekly multidisciplinary case conference. Team includes Pediatrician, RT, PT, ST, Social Worker and Nurse Case Managers
- Coordinate best package of services for individual members and their family
- Individualized service plan signed by the parent(s) or guardian(s) and member's MD
- Other services include interpreter services and language line
- EPSDT (Early & Periodic Screening, Diagnosis and Treatment) screening for MassHealth non-covered services
- Work with Disability Evaluation Services to assist with medical component of Kaileigh Mulligan Home Care for Disabled Children's (KMHCDC) application process for CCM members
- Assist families in finding nurses by providing updated lists of nursing agencies and independent nurses, educating families about co-vending with more than one agency to fill nursing hours, and the choice of using a Private Care Attendant (PCA) if appropriate when nursing is unavailable
- Collaborate with other community and state agencies such as DMR, DPH and MCB, to assist families

Where are we today?

- CCM graduated from Pilot to Program status on July 1, 2005.
- Fully staffed: 12 Case Managers, 2 Respiratory Therapists, 1 Physical Therapist, 1 Speech Pathologist, 1 Social Worker and a Pediatric Medical Director
- Total number of members visited = 809

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- Total number of members enrolled = 552
- Total number of Prior Authorizations for services and equipment = 6,166
- Cost Avoidance-Third Party Liability
 1. FY04 \$4 million
 2. FY05 \$5 million
 3. Projected FY06 \$6 million
- Families pleased with case management model
- Creation of Youth/Adolescent Case Manager position to assist members with transitional issues around turning 18 and 22
- Nursing agencies and discharging institutions working closely with CCM

Future Work

- Work with hospitals to facilitate discharge for our members in a timely manner
- Collaborate with hospitals to find appropriate healthcare services for members
- Provide hospitals, community agencies and nursing homes CCM contact personnel to address questions or concerns
- Policy and Regulation recommendation for MassHealth go to <http://www.lawlib.state.ma.us/cmr.html>

WHEN TO CALL?	Call us for all MassHealth children who will require more than 2 continuous hours of skilled nursing care/day when <i>you begin to plan discharge</i>
WHY?	CCM will help ensure proper services are in place for the child at home
WHO?	1-800-863-6068 Deb Roy, Intake Coordinator or Chris Rothenberg
Have questions or a special problem?	Call 1-800-863-6068, ask for: <ul style="list-style-type: none"> • Kay George, RN, Associate Director for Case Management Services • Jane Coken-Ryan, Director of Community Case Management