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**Subject: Case Management Referrals**

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**GOAL:**

- I. To ensure a collaborative process directed toward assessing needs, coordinating resources and creating flexible, cost-effective options for identified individuals to facilitate quality care and an individualized treatment plan.
- II. To promote an optimal state of member wellness, as appropriate to the individual, through assessment, monitoring and coordination of the member's healthcare needs.
- III. To ensure that all services are necessary and beneficial to the member, and are provided in a timely and cost-effective manner.
- IV. To encourage and assist members to appropriately assume an active role in their healthcare, through acceptance and understanding of self advocacy.

**POLICY:**

- I. Case Management is defined as a collaborative process that promotes quality care and cost effective outcomes that enhance the physical, psychosocial, and vocational health of individuals. It includes assessing, planning, implementing, coordinating and evaluating health related service options.
- II. Case Managers are active members of an interdisciplinary team of health care providers working toward a common goal. Membership of the interdisciplinary team varies based on the patient's needs and the plan of care.
- III. Case management intervention may be sought by a THA provider or staff when furnishing care to members with conditions that may be rare, difficult to manage, or that require catastrophic levels of care, high risk pregnancy or show high utilization of resources.
- IV. Criteria for Case Management Referrals:
  - A. Generic Criteria (include any combination):
    1. Physiological instability
    2. Inability to assume self-care due to physical dependencies and/or

- neurological status
  - 3. Mobility impairment/disability
  - 4. Lack of support from significant other
  - 5. History of noncompliance with medical/surgical regimen
  - 6. Pain management problems
  - 7. Complexity of diagnosis
  - 8. Fluctuating emotional status
  - 9. Involvement of several disciplines in the care
  - 10. Multiple readmissions in a short period of time
  - 11. Complex discharge, need for placement in a particular facility
  - 12. Need for intensive health care education of patient/family
  - 13. Death and dying, hospice care
  - 14. At risk for prolonged length of stay
  - 15. Preexisting problems accessing health care
- B. Service Specific
- 1. Homelessness
  - 2. Inconsistency in medical follow-up or frequent change of PCP and missed appointments
  - 3. Chronic illness (as listed below)
  - 4. Exceptional needs care coordination
  - 5. Prematurity
  - 6. Child abuse
  - 7. Organ transplant
  - 8. Multi system failure
- C. Diagnosis specific-Co morbid conditions (2 or more chronic conditions with acute signs and symptoms)
- 1. Diabetes
  - 2. Congestive Heart Failure
  - 3. Coronary Artery Disease
  - 4. Asthma, COPD, emphysema
  - 5. AIDS
  - 6. High-Risk Infant
  - 7. High-Risk Pregnancy
  - 8. Cancer
  - 9. Renal Failure (acute or chronic)
  - 10. Multiple Trauma &/or head injury, spinal cord injury
  - 11. Neuromuscular Disease
  - 12. Severe Burn
  - 13. ETOH & Substance abuse
  - 14. Stroke

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- V. Patients that are case managed will have a documented plan of care that assesses, plans, implements, and evaluates outcomes. Case management processes provide systematic ways to identify high-risk members and identify opportunities to coordinate and manage these members' care to ensure the best outcomes.
  
- VI. The benefits of case management are:
  - A. Early screening for potential issues,
  
  - B. Coordinate an interdisciplinary approach to care.
  
  - C. Integrate the service network that may range from wellness to long-term care.
  
  - D. Coordinate transitions through the service continuum.
  
  - E. Member-centered approach in which the focus is on the best possible outcomes.
  
- VII. Cases are to be closed according to the following criteria or when there has been no case activity noted for the previous six months:
  - A. Case Management has accomplished the referral goals
  
  - B. Case Management assessment reveals that no other case management referral issues exist
  
  - C. Significant quality issues are absent or have been referred appropriately
  
  - D. Member is no longer eligible with the health plan
  
  - E. Member expired

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**THA Plan Director**

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**THA Medical Director**