

DEPARTMENT OF THE ARMY
 MEDICAL DEPARTMENT ACTIVITY
 FORT HUACHUCA, ARIZONA 85613-7079

MEDDAC Memorandum
 No. 40-167

7 September 2006

Medical Services
 CASE MANAGEMENT (CM) PLAN

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1. HISTORY. This issue publishes the revision of this publication.

2. PURPOSE. The Case Management Program strives to provide the highest quality medical care without financial constraints. This is to distinguish CM from Utilization Management (UM), which strives to provide medical care in the most cost effective manner while ensuring quality and patient safety. For details of the UM program please consult Memo 40-45 Utilization Management Plan. Case Management is also to be distinguished from Care Coordination, which deals with the coordination of care within the MTF. Both Case Management and Care Coordination fall within the scope of the Case Manager's duties. In addition to Case Management and Care Coordination, Clinical Practice Guidelines (CPGs), Medical Evaluation Board (MEB), Physical Evaluation Board Liaison Office (PEBLO), and Referral Management fall within the scope of the Case Manager's duties.

This memo supersedes MEDDAC Memo 40-167, 7 September 2004

3. SCOPE. The CM program applies to Raymond W. Bliss Army Health Center (RWBAHC), Fort Huachuca, and to civilian providers with whom MEDDAC has contracts or agreements to provide care to its beneficiaries. This includes active duty members receiving medical care, regardless of the facility, in our catchment area. *To facilitate continuity of care, the CM's are individually assigned to manage applicable cases in the Military Intelligence, Signal Brigade and Garrison sections of FT Huachuca.*

4. REFERENCES.

- 4.1** Assistant Secretary of Defense for Health Affairs Memorandum, "Utilization Management Activities in the Direct Care System under TRICARE", 11 27 September 1994 (available in hard copy).
- 4.3** DoD Utilization Management Policy for Direct Care System, 2 October 1997 (available in hard copy).
- 4.4** TriCare Utilization Management and Quality Management, September 1996 (available in hard copy).
- 4.5** U.S. Army Medical Command (MEDCOM) Utilization Management Policy, 26 February 2004 (available in hard copy).
- 4.6** AR 40-68, Clinical Quality Management.
- 4.7** AR 40-66, Medical Record and Quality Assurance Administration.
- 4.8** JCAHO Accreditation Manual for Ambulatory Care, current edition.
- 4.9** InterQual, Inc., ISD criteria Sets for Medical and Surgical reviews, current ed.
- 4.10** RWBAHC and TriWest QM & UM Memorandum of Understanding, current ed.
- 4.11** MEDDAC MEMO 40-165 Medical Record and Peer Review Program, current ed.
- 4.12** Milliman & Robertson, Inc., criteria sets for medical and surgical reviews, current ed.

4.13 MEDDAC MEMO 40-45 Utilization Management Plan, current ed.

5. DEFINITIONS

5.1 Case Management is a clinical process in which a nurse case manager interacts with providers and patients to coordinate care along a continuum; it focuses on developing a multidisciplinary treatment plan for high risk patients with complex needs to achieve quality, cost effective outcomes.

5.2 Transitional Care Planning (also known as Discharge Planning) is the process which assesses a patient's after care needs and arranges for the necessary patient education, services and resources to affect an appropriate and timely discharge.

5.3 A Case Manager is a Registered Nurse with either a Bachelor's of Science in Nursing degree (BSN) or a minimum of two (2) years of clinical experience in the appropriate clinical specialty for those patients being case managed.

6. CRITERIA THAT TRIGGER A CASE MANAGEMENT INTERVENTION

6.1 Case Management referrals can come from any source. Case management criteria developed by the MTF are used to determine which cases may benefit from case management (see Appendix A). All health care providers can participate in identifying individuals who would benefit from case management.

6.2 Once a health care provider identifies a case management candidate, a referral is sent to the MTF case manager(CM). All case management evaluations will be completed within five (5) working days of the referral. The beneficiary and provider will be notified in writing when case management services are determined to be beneficial and cost-effective.

6.3 For patients who do not meet criteria for case management, the MTF Case Manager will provide information concerning other sources of needed services within the community as needed.

7. CASE MANAGEMENT PLAN OF CARE.

7.1 A multidisciplinary plan will be established for each beneficiary accepted for case management. The care plan will include a complete assessment of the patient's condition, environment, social setting, financial and community resources; specific treatment goals; specific services to be provided, and expected duration; and evaluation of progress toward goals.

7.2 The care plan must be approved by all involved clinical providers and the patient or legal guardian; final approval rests with the referring physician.

7.3 Progress toward established goals will be evaluated monthly and the care plan updated and modified where appropriate.

8. TRANSITIONAL CARE (DISCHARGE) PLANNING.

8.1 Transitional care planning ideally begins on the date of admission.

8.2 For patients meeting the case management criteria who are admitted to a hospital, a complete transitional care assessment of the patient's needs, including physical, psychosocial, environmental, financial capabilities and limitations is conducted.

8.3 When a patient is approaching the transition phase of care, the MTF CM will coordinate a multidisciplinary transitional care plan, and follow the patient until they have been returned to active duty (AD) or have met the goals of the care plan.

8.4 When appropriate, the MTF will collaborate with TriWest to establish a mechanism to facilitate transition planning of beneficiaries from military or non-military facilities.

9. APPEAL PROCESS. The MTF Commander has the authority to override any decision made by TriWest. The Commander will consider the best interests of the patients and/or government in the decision. This includes AD, Prime, Extra and Standard beneficiaries receiving care in the network.

10. CLINICAL PRACTICE GUIDELINES (CPG). The MTF Case Manager has oversight of the organizational implementation of MEDCOM-sanctioned CPGs. Each department chief is ultimately responsible for the implementation of the clinical pathway in their designated area. For outcomes-based data collection, aggregation, and analysis; the organization used the multidisciplinary automated medical record review process described in Memo 40-165 Medical Record & Peer Review.

11. CONFIDENTIALITY POLICY. All UM Documents will be considered Quality Assurance Documents under the provisions of Chapter 2, para 2-5 and Appendix B, AR 40-68, and are, therefore, protected by Title 10, US Code, Section 1102 and will be so labeled. In accordance with Appendix B-1 and B-2, AR 40-68, UM/UR minutes and/or supporting documents will not refer to a case in a way that would allow a patient or the health care providers providing care to him/her to be identified.

The proponent of this memorandum is the Deputy Commander for Clinical Services. Users are invited to send comments and/or suggested improvements to the Commander, RWBAHC, ATTN: MCXJ-DCCS, Fort Huachuca, AZ 85613-7079.

FOR THE COMMANDER:

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**APPENDIX A
CRITERIA OF CASE MANAGEMENT**

Criteria that trigger intervention: Adults

AIDS
Alzheimer
Amputation
Blindness
Brain Tumor/Injury
Burns
Cancer
Cardiac Valve Disease
Cirrhosis
Complicated GYN
COPD
CVA
Cystic Fibrosis
Emphysema
Head Injury
Hearing Loss
High Risk Pregnancy
Hip Replacement
Huntington's Disease
Intractable Angina
Kidney Disease
Liver Disease
Maltreatment
MCA with Multiple Injuries
Multiple Physical Anomalies
Multiple Sclerosis
Muscular Dystrophy
MVA with Multiple Injuries
Myocardial Infarction
Pancreatitis
Peripheral Vascular Disease
Renal Failure
Rheumatoid Arthritis
Spinal Cord Injuries
Transplants - Prosthetic Device, Organ, Tissue
Uncontrolled Diabetes Mellitus

Criteria that trigger intervention: Pediatrics

AIDS
Asthmatic

Burns
Cancer
Cardiac Problems
Cerebral Palsy
Cleft Palate
Cystic Fibrosis
Diabetes Mellitus
Down Syndrome
Head Injury
Hydrocephaly
Juvenile Arthritis
Maltreatment
Multiple Sclerosis
Muscular Dystrophy
Multiple Physical Anomalies
Multiple Bone Fractures
Nutritionally Compromise
Premature Births
Severe Reflux
Short Bowel Syndrome
Spina Bifida
Transplants

Criteria that trigger intervention: Behavioral Health

All Residential Treatment Cases
Anorexia
Bipolar Disorders
Borderline Personality Disorder
Bulimia
Chemical Dependency
Chronic Disorders - Relapse
Dissociative Disorders
Failure of Outpatient Treatment
High Suicidal/Homicidal Risk
Physical or Sexual Abuse
Previous Suicide Attempt
Psychotic Disorders
Schizoaffective Disorder
Schizophrenia

APPENDIX B
CRITERIA FOR DETERMINING LEVELS OF CASE MANAGEMENT

1. Patient or Caregiver Characteristics

- Cognitive dysfunction
- Language barrier
- Lack of social supports
- Physical disability affecting mobility, vision, hearing, speech
- Psychological dysfunction/poor motivation
- High recidivism
- Medically complex trauma
- Chronically ill
- Terminally ill
- Cost and/or LOS outliers
- Inadequate family support
- High user of services
- Lives alone or is caregiver for other family members
- Home IV therapy
- "Frail" elderly
- High risk for complications related to surgical procedure
- High risk OB
- Pharmacological: multi-drugs; complex drug regimens; high cost drugs
- Long term medical/mental disability

2. Environmental Factors

- Lacking utilities
- Inadequate space for living or equipment needs
- Access barriers to home, within home
- Lack of kitchen facilities
- Unhealthy home environment
- Lack of inadequate transportation

APPENDIX C
HEALTH CARE DENIAL PROCESS (EXCEPT AD)

TriWest
DENIALS
COMMANDER
YES
NO
TriWest ACTION

**APPENDIX D
NOTIFICATION PROCESS FOR ACTIVE DUTY PATIENTS
IN CIVILIAN MEDICAL FACILITY**

ACTIVE DUTY PATIENT OUTPATIENT/INPATIENT
TriWest IDENTIFIES ACTIVE DUTY PATIENT
NOTIFY MTF CASE MANAGEMENT 533-5560 FAX 533-5614 8496
OBTAIN RECORDS
NOTIFY MTF PRIMARY PROVIDER
PROVIDER
DETERMINES CARE SYSTEM
MILITARY/VA
CIVILIAN
CASE MANAGER
COORDINATES/FOLLOWS
REPORTS FOR
PRIMARY PROVIDER

*This process will become part of MOU between MTF and TriWest