



Long Term Care Case Management 101

LTC case management is a critical service for a senior or person with a disability who needs long-term care. Within long-term care, case management is more than simply finding a ‘placement.’

Case managers:

- Assess the client holistically and evaluate all aspects of their environment and natural supports life
- Help the client develop their plan to live as independently as possible given their limitations in activities of daily living
- Arrange for natural supports from families and others
- Coach clients in living safely and making healthy choices
- Assure and coordinate access to health care when health needs change
- Help clients obtain benefits such as SNAP, Medicare and OHP benefits.
- Help the client choose providers and authorize payment
- Advocate for the client so that needs and challenges over the continuum of their life are met appropriately and in a timely manner
- Consider cost effectiveness while meeting client needs and preferences.

LTC case management is an integrative service that supports the health system in meeting the Triple Aim objectives of better care, better health and lower costs. The health system will not be effective in meeting Triple Aim goals without the support of the LTC case managers who can coordinate the kinds of care to keep individuals independent and not over reliant on entitled services. *Social factors* can impede effective health outcomes for seniors and people with disabilities. These factors can include inability to pay bills, poor nutrition, inappropriate housing or even homelessness, abusive family members etc. LTC case managers work with each client to identify appropriate supports and services that contribute to their success in meeting their long term needs.

One of the most common barriers to achieving the Triple Aim is, “too little system knowledge among clinicians and organizations, leading them to sub-optimize the components of the system with which they are most familiar at the expense of the whole.” (Berwick. The Triple Aim.) Case managers are familiar with the social supports for seniors and people with disabilities, community resources, natural supports of an individual and can interface with the acute care system or managed care organization to coordinate care, resources and keep an integrated plan in place that adapts to present needs.

Type B Area Agency Case Managers are currently providing this type of integrated coordination and are an example to be built on in the acute care setting for health system transformation.

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