

The ABCs (Assessment, Behaviors, Crises) of Care Management

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LEARNING OBJECTIVES

- 1) Demonstrate knowledge of different case/care management models and where they are found
- 2) Articulate what a typical assessment involves and includes
- 3) Identify the benefits of care/case management
- 4) Differentiate various approaches used to deal with behaviors and crises when they arise
- 5) Discover useful resources from the Alzheimer's Association and Waukesha County Dementia Challenging Behaviors Initiative.

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7/23/10 - Laurel Felsenfeld, RN
Summary from ALCA Listserve*

	CARE MANAGEMENT	CASE MANAGEMENT
Payment Source	Typically, private pay – occasionally LTC insurance or EAP	3 rd party payment (e.g. ins.) or public funding (e.g. Medicare, Medicaid, health plan).
Scope of Service	Whatever client wants, needs you to do and is willing to pay – so long it is within your professionally trained scope of practice and within state laws and regulations.	Services provided are limited to what payor is willing to cover.
Length of Planning	Focus is on both short-term and long-term planning.	Focus is on short-term planning with acute cases, emphasis on cost-effective resource utilization, in least amount of time.
Customer Service	Focus is on customer satisfaction for both short & long-term plans. If customer is not satisfied, your services are terminated.	Focus is on delivery of services in time-efficient manner – trying to take in customer's preference but not with that at center of service delivery.

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7/23/10 - Laurel Felsenfeld, RN Summary from Litsserve*	CARE MANAGEMENT	CASE MANAGEMENT
Cost Focus	Same as case mgt., however focus is on client/family finances both in short and long-term. So what seems OK in short-term, may not be a good plan for the long-term. Cost-effective trumps "usual & customary." Clients more apt to challenge bills—more difficult to demonstrate cost-effectiveness. Emphasis on communication and customer satisfaction.	Cost-effective service delivery; positive outcomes; prevention of overuse/abuse of services and fragmentation of care. Not to exceed "Usual & customary"—otherwise, bill not usually questioned.
Availability	Care management can't be limited to typical hours—especially for those isolated, vulnerable adults living alone with no family nearby.	Usually limited to weekday office hours. Going "above & beyond" is not reimbursed by 3rd party payors.
Receptiveness	Clients are frequently opposed to idea of care management and it is difficult to enlist family members to pay for services—even though they would benefit from services.	Clients are usually accepting of services because a 3rd party payor is paying and it is linked with other healthcare services & recommendations.

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7/23/10 - Laurel Felsenfeld, RN Summary from Litsserve*	CARE MANAGEMENT	CASE MANAGEMENT
Conflict Management	More prevalent in Care Mgt. -- be sure to include in care plan and contract so it is billable.	Complex family relationships not often covered for additional service delivery—even by trained professional. Usually referred out.
Financial Assessment	Care managers take a comprehensive financial assessment in order to come up with short and long-term planning goals.	Not delved into much at all during assessment. Third party payer is primary provider. In public funded case mgt., this may be explored in more detail.
Caseload Control	Care managers in solo practice have control over who they accept as a client; how many clients they will care for; the types of cases they will take on; how many hours they will provide to a client; when they will terminate a client.	Clients must meet specific criteria to be entitled to receive services. Limits placed on hours/frequency of visits. Don't have option to decline to provide service or terminate service. Minimum number of "billable hours" required per client; larger caseloads; frequently a re-active vs. pro-active approach.

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<p>DIFFERENT CM LOCATIONS</p> <ul style="list-style-type: none"> • INSURANCE • HOSPITALS • GOVERNMENT • PRIVATE (Home Care agencies; Independent CMrs, Elder Law offices, non-profits, etc.) • CLINICS
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DIFFERENT CM MODELS

- **Brokerage** - works best when a client's biggest challenge is access to and awareness of services rather than availability. CMr tends to have higher caseloads and is not as involved with client. Good for first time client & linkage to services.
- **Strengths-based** - encourages the client to take the lead in identifying their own goals/needs; take ownership of the search for resources/services to address those needs, view community support as a resource rather than a barrier; builds on empowerment/success.
- **Clinical** - Helps the client address social, emotional, and mental barriers to services. More involved with clients - able to assess gaps and identify areas of improvement in care plans. Can lead to more successful outcomes for clients who are less likely to engage voluntarily with services and need support over an extended period of time.
- **Intensive/Targeted** - for clients with the most significant needs, such as chronic diseases, severe mental illness/addiction. This model offers low staff to client ratios and aims to deliver thorough, high-quality services in a concentrated amount of time.

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TYPICAL ASSESSMENT INCLUDES

- MEDICAL/SOCIAL HISTORY (including MH)
- FINANCIAL
- LEGAL
- HOUSING
- FAMILY/RELATIONSHIPS/SUPPORTS
- ADLs/IADLs

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TYPICAL CARE PLAN INVOLVES

- Screen (depression, cognitive, drugs, balance, etc.)
- Assess
- Evaluate Risk
- Plan
- Implement
- Monitor/follow-up
- (Transitional care)
- Evaluate

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BEHAVIORS ARE COMMUNICATION

TOOLS TO ASSESS

S.E.A.T.

DESCRIBE, IDENTIFY, RECORD

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GOALS FOR PERSONS LIVING WITH DEMENTIA:

- 1) To feel safe
- 2) To feel comfortable
- 3) To experience a sense of control
- 4) To experience minimal stress with adequate positive stimulation
- 5) To be met with understanding

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5 Tips to Help You Understand Dementia Behaviors

1. Behaviors are communication. Behaviors are the way people with dementia communicate their needs and feelings. Behaviors are not random or meaningless. They are a form of communication.

2. We cannot change the person. You cannot change the person with dementia. You can only change your own behavior and reactions.

3. Behaviors fit a purpose. Behaviors are not random. They are a response to a need or a feeling. They are a way of saying, "I need help."

4. What works today may not tomorrow. Behaviors can change over time. What works today may not work tomorrow. You may need to try different strategies.

5. Identify a positive attitude. Behaviors are not a sign of failure. They are a sign of a person's struggle. You can help by identifying a positive attitude.

Learn to better understand dementia behaviors. Scan the QR code to learn more about dementia behaviors and how to manage them.

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Behavioral Antecedents: S.E.A.T

Sensory Stimulation: doing something enjoyable/comfortable

Escape/Avoidance: situation, task, feeling displeasure, distress or discomfort

Attention: seek reaction/engagement from you

Tangible: access to item, food, activity

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Challenging Behavior Report Log

Date: _____ Time: _____

Explanation of the behavior: _____

What was happening prior to the exhibited behavior? _____

Were there physical issues (did the person look to be in pain, was the temperature too hot/cold, was the room too bright/dark, were the clothes too warm or uncomfortable, etc.) _____

What were his/her emotional needs (to be liked or the situation through his/her gaze)? _____

What interventions did you use to calm the situation, what would you do, or not do, next time? _____

Helpful Hints	
<p>Step 1: Detect and correct</p> <ul style="list-style-type: none"> Get the person in line or her/his/hers Identify the person's needs in context Be consistent, fair and respectful Agree with the person calmly and respectfully 	<p>Step 2: Address Physical Issues</p> <ul style="list-style-type: none"> Look at medical issues, starting with pain Address physical problems such as hunger, thirst, etc. Check to make sure the bathroom, ventilation, heat/cold, etc. Address emotional or cognitive dysregulation with an immediate strategy, such as temperature, lighting, quiet or calm
<p>Step 3: Address the emotional needs</p> <ul style="list-style-type: none"> Think about how the situation feels to the person Identify the person's needs in the moment Identify your own needs in the moment Be aware of the person's preferences Redirect the energy to a more satisfying activity 	<p>Step 4: Reconnect and plan for next time</p> <ul style="list-style-type: none"> Go back to detecting and correcting What went well and what didn't? How did you feel about it? Create an alternative plan for the individual such as: <ul style="list-style-type: none"> Go back with medication and interventions What to try and what not to do What to do if the situation escalates and what interventions are available

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Behavior Management Plan

Name: _____

Problematic Behavior _____

Integrities _____

Background Information _____

Interventions	Response Form
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

Crisis Management	Response Form
1.	
2.	
3.	
4.	
5.	
6.	



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CRISES

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BENEFITS OF CARE MANAGEMENT AND HOW THEY HELP IN A CRISIS

- Provides answers at a time of uncertainty. Their guidance leads families to the actions and decisions that ensure quality care and an optimal life for those they love, thus reducing worry, stress and time off work for family caregivers.
- Offers uniform care for each client through use of standard assessment
- Ensures compliance with regulations (insurance, government, industry, etc.) while protecting rights of clients and families
- Provides clients with high quality care and monitoring that addresses their needs while allowing client involvement in choices of care

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BENEFITS OF CARE MANAGEMENT (cont.)

Peace of Mind- knowing someone is working with you
 Clarity & Stability- help to describe the situation- often times when you are too close to the situation it is difficult to describe
 Sense of Empowerment - we walk with you- you are not alone
 Assist to develop a Plan to Move Forward- overwhelming situations – help develop step by step
 24/7 – 365 Phone Availability (depending on provider)
 Impartial, Objective Assistance
 Proactive Approach

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Interested in Care/Case Management?

Education

Certification

Experience

Business <https://www.sba.gov>

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TOP CASE MANAGEMENT CERTIFICATIONS

Certified Case Manager (CCM)
Commission for Case Manager Certification (CCMC)

Case Manager Certified (CMC)
National Academy of Certified Case Managers (NACCM)

Accredited Case Manager (ACM)
American Case Management Association (ACMA)

Registered Nurse Case Manager (RN-BC)
American Nurses Credentialing Center (ANCC)

Accredited Case Manager, Nursing (ACM-RN)
American Case Management Association (ACMA)

Certified Social Work Case Manager (C-SWCM)
National Association of Social Workers (NASW)

Certified Advanced Social Work Case Manager (C-ASWCM)
National Association of Social Workers (NASW)

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RESOURCES :

Handbook of Geriatric Care Management (2nd Edition), by Cathy Jo Cress, 2007, Bartlett Publishers, Sudbury, Massachusetts.

ALZHEIMER'S ASSOCIATION® <https://www.alz.org/wi>

AGING (i)fe CARE[®]
ASSOCIATION www.aginglifecare.org

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RESOURCES (cont):



<https://www.caregiver.org>



A Waukesha County Community Response
<https://www.waukeshacounty.gov/HealthAndHumanServices/adrc/dcbi/>

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