



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

MEMORANDUM

TO: CAP/C Supervisors
FROM: Teresa Piezzo, RN, BC, BSN
Home Care Initiatives Manager
DATE: July 22, 2009
RE: CAP/C Memos, Contact Information Changes, CAP/C Staff
and Consultant/County Assignments changes, New Case
Manager Training, Refresher Case Manager Training
2009-9

CAP/C Memos

Starting with this memo, CAP/C memos will now be sent on the 22nd, on an every other monthly basis. We hope this will improve the flow of communication by providing you regular updates at expected times so that you can be on the lookout to receive the information and take action if for some reason you do not. Memos will be sent to Supervisors attention via email. In addition to announcements regarding the CAP/C program, each memo will contain CAP/C training or review topic.

Contact Information Changes

If you are not already aware, DMA has changed its' employees email addresses. Instead of firstname.lastname@ncmail.net, the correct address is now firstname.lastname@dhhs.nc.gov. Please change your records accordingly. Mail sent to the old address is currently being forwarded.

Please remember: do not email full patient names, MID numbers, or other Protected Health Information (PHI).

Please be sure DMA's CAP/C Unit has correct and accurate contact information for your agency and your case managers. If there have been changes in staff, or changes in phone number or email, or if you would like to review the information we have on file, please contact Jennifer Brest via email at jennifer.brest@dhhs.nc.gov.

CAP/C Staff and Assignment Changes

The consultant to county assignment list will change become effective August 1, 2009. Please refer to the attached list to find the consultant for your county(ies). This list is also available on the website at <http://www.dhhs.state.nc.us/dma/services/capc.htm> by clicking on "DMA CAP/C Consultant County Assignment List".

New Case Manager Training

DMA will offer training for new CAP/C case managers on Wednesday, September 9, 2009 and Thursday, November 12, 2009. Both will be held at DMA, in room 297 of the Kirby Building, from 9:00 AM to 4:00 PM. A sign-up sheet is attached.

This training is an optional extension of the self-study case manager training.

Completion of the CAP/C self-study case manager training is **required** before attending this in-house training. The self-study is located at

<http://www.ncdhhs.gov/dma/capctraining/capctraining.html>. Allow plenty of time to complete the training, and submit your final exam prior to attending in-house training.

The in-house training is an informal, small-group, interactive session in which we reinforce some of the more difficult and/or important concepts and have plenty of opportunity for questions and answers.

If you are interested in attending this training, please submit the attached registration form. If you are interested but unable to attend, this training is offered approximately every other month; be on the look-out for the CAP/C memos for information and registration.

Refresher Case Manager Training

DMA will offer training for all CAP/C case managers on Wednesday, August 12, 2009 and Monday, October 12, 2009. Both will be held at DMA, in room 297 of the Kirby Building, beginning at 10:00 AM. The meetings will last until 4:00 PM or until all questions are answered, whichever is earlier. A sign-up sheet is attached.

This training session is open to everyone except for those case managers who are new and have not yet attended a new case manager training. This will be an informal question-and-answer type session with no set agenda. If possible, please indicate your questions on the registration form; this will help us gather appropriate resources for you prior to the training session.

Training Topic of the Month: The Case Manger's Role in Regards to Emergency Room Visits and Hospital Admissions

A core function of case management is promoting cost-effective, coordinated care in order to ensure the best possible outcomes. Emergency room visits and hospital admissions are often counter to this goal. While it is true that in a population of medically fragile children some emergency room use and hospital admissions are inevitable, that is not the case as often as many people think. The following paragraphs describe ways in which a case manager can assess, plan, and monitor resource utilization, cost, prevention, treatment, and outcomes to ensure that the child receives cost-effective and best quality care.

If an emergency room visit, was it a true emergency? If not, it should have been handled with a visit or a phone call to the child's physician. Physician office visits are less expensive, and have the advantage of someone that knows the patient seeing/treating them rather than people unfamiliar with the child's often very complicated medical history. You also have a single physician aware of and overseeing the care of all the other physicians and health care services, so that care is coordinated and non-duplicative. By going through the physician, you get lower cost and better outcomes. Encourage the family to save the emergency room for emergencies, and not use it for primary care.

Was the incident preventable? Did the patient receive routine preventative care (vaccinations, well-child checks)? Were the parents/caregivers aware of signs and symptoms to look for and what to do about them? Once medical attention was received, was the appropriate follow-up done (for example, Did the parents fill the prescriptions? Administer them as directed? Keep follow-up doctors appointments? Do they know the results of any tests that were outstanding? Are there adequate resources in the home to handle the care needs? Does the family understand what happened, why, how it was treated, and how to prevent a relapse or recurrence?)

Is the plan of care effective (for example, if a patient develops a decubitus ulcer, was he/she being repositioned frequently enough?; if they have recurrent emergency room visits and hospitalizations for asthma is there something in the home environment such as carpeting that could be contributing to it/do they need to see a specialist (an emergency room will only stabilize a patient; they will not seek underlying cause or develop long-term-treatment plan)? If they were seen by a physician, is the treatment that was prescribed working, or is the child not getting better, or getting worse?) Make sure that an ineffective plan of care is changed, and that the outcome of those changes is evaluated.

Look at the following examples, based on actual CAP/C incident reports, and see how the above considerations were applied to specific situations.

Example 1

Pt with trach was seen in ER two times within three weeks, both times for mucus plugs not responsive to nursing interventions.

Case Manager Considerations: Is the nurse adequately trained in trach care, suctioning, and other respiratory interventions? Is the equipment working properly? Does the family understand the seriousness of this situation and that it is potentially fatal? Are there medications which are causing increased or thicker secretions and could be discontinued or changed? Is the child adequately hydrated? Does the child need more humidity to the trach? Does the child need to be suctioned more often? Get chest PT more often? Is the primary care physician aware - what are his/her recommendations?

Example 2

Pt with a G-tube, admitted to the hospital for dehydration after three day history of vomiting, diarrhea, and not being able to tolerate tube feedings.

Case Manager Considerations: Had the family been trained in causes, signs, symptoms, and treatment of dehydration? Had the family taken the child to the primary care physician during the three day illness? Had they tried smaller feedings, Pedialyte, anti-emetics, antidiarrheals? Has the family been taught that earlier intervention may have prevented hospitalization? Are there adequate infection control measures in place to lessen the possibility of the child acquiring such bacterial/viral illnesses? Why is the child vomiting: is the Nissen intact? is there risk for aspiration?

Example 3

Patient hospitalized for flu.

Case Manager Considerations: Had the child received a flu shot? Make sure he/she gets one next year unless physician says is contraindicated. Are reasonable infection control measures in place to lessen the possibility of the child being exposed to the flu? How long had symptoms been present before hospitalization? Could a visit to the primary care physician and prescription for medication such as Tamiflu have prevented hospitalization?

Example 4

Mother took patient to emergency room because of something green around Mic-Key tube. ER staff pulled off a green thread.

Case Manager Considerations: Was mother adequately trained in GT care? Does she know who to call for questions or problems? Does she know actual signs of infection or other GT site problems? Is she experiencing a lot of anxiety related to GT or care needs in general? Does she need more support, such as support group, or introduction to family with child with GT? Does she know what symptoms to bring the child to the doctor for and what symptoms to bring the child to the ER for?

Document the above in your case management notes and on the incident report.

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (NEW)

September 9, 2009

November 12, 2009

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

For the new case manager training, please fax this form and your final exam no later than one week before the applicable training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025

You will receive notification that your registration is confirmed. Please do not make any type of reservations until your registration is confirmed.

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (REFRESHER)

August 12, 2009

October 12, 2009

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

For the new case manager training, please fax this form and your final exam no later than one week before the applicable training session to:

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Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025

You will receive notification that your registration is confirmed. Please do not make any type of reservations until your registration is confirmed.

CAP/C CONSULTANTS' COUNTY ASSIGNMENT LIST

COUNTY	CONSULTANT
ALAMANCE	Sandra Mangum
ALEXANDER	Sandra Mangum
ALLEGHANY	Patricia Miller
ANSON	Patricia Meyer
ASHE	Sandra Mangum
AVERY	Sandra Mangum
BEAUFORT	Patricia Meyer
BERTIE	Patricia Miller
BLADEN	Sandra Mangum
BRUNSWICK	Sandra Mangum
BUNCOMBE	Patricia Miller
BURKE	Sandra Mangum
CABARRUS	Pat Meyer
CALDWELL	Sandra Mangum
CAMDEN	Patricia Meyer
CARTERET	Patricia Miller
CASWELL	Sandra Mangum
CATAWBA	Patricia Miller
CHATHAM	Sandra Mangum
CHEROKEE	Patricia Miller
CHOWAN	Patricia Meyer
CLAY	Patricia Miller
CLEVELAND	Patricia Meyer
COLUMBUS	Patricia Meyer
CRAVEN	Sandra Mangum
CUMBERLAND	Patricia Miller
CURRITUCK	Patricia Meyer
DARE	Patricia Meyer
DAVIDSON	Sandra Mangum
DAVIE	Sandra Mangum
DUPLIN	Patricia Miller
DURHAM	Patricia Miller
EDGECOMBE	Patricia Miller
FORSYTH	Sandra Wheeler
FRANKLIN	Patricia Meyer
GASTON	Patricia Meyer
GATES	Patricia Meyer
GRAHAM	Sandra Mangum
GRANVILLE	Patricia Meyer
GREENE	Sandra Mangum
GUILFORD	Sandra Wheeler
HALIFAX	Patricia Meyer
HARNETT	Sandra Mangum
HAYWOOD	Sandra Mangum
HENDERSON	Patricia Miller
HERTFORD	Sandra Wheeler
HOKE	Sandra Mangum
HYDE	Patricia Meyer
IREDELL	Patricia Miller
JACKSON	Sandra Mangum

COUNTY	CONSULTANT
JOHNSTON	Patricia Miller
JONES	Patricia Meyer
LEE	Sandra Mangum
LENOIR	Patricia Miller
LINCOLN	Sandra Mangum
MACON	Sandra Mangum
MADISON	Patricia Miller
MARTIN	Patricia Meyer
MCDOWELL	Patricia Miller
MECKLENBURG	Patricia Meyer
MITCHELL	Patricia Meyer
MONTGOMERY	Patricia Meyer
MOORE	Sandra Mangum
NASH	Patricia Meyer
NEW HANOVER	Sandra Mangum
NORTHAMPTON	Patricia Meyer
ONSWLOW	Patricia Miller
ORANGE	Patricia Miller
PAMLICO	Sandra Wheeler
PASQUOTANK	Patricia Meyer
PENDER	Sandra Mangum
PERQUIMANS	Patricia Meyer
PERSON	Patricia Meyer
PITT	Patricia Meyer
POLK	Patricia Miller
RANDOLPH	Patricia Meyer
RICHMOND	Sandra Mangum
ROBESON	Sandra Mangum
ROCKINGHAM	Sandra Wheeler
ROWAN	Patricia Meyer
RUTHERFORD	Patricia Meyer
SAMPSON	Sandra Mangum
SCOTLAND	Patricia Meyer
STANLY	Patricia Meyer
STOKES	Sandra Mangum
SURRY	Sandra Mangum
SWAIN	Sandra Mangum
TRANSYLVANIA	Patricia Miller
TYRRELL	Patricia Meyer
UNION	Sandra Mangum
VANCE	Patricia Miller
WAKE	Sandra Wheeler
WARREN	Patricia Meyer
WASHINGTON	Patricia Meyer
WATAUGA	Sandra Mangum
WAYNE	Patricia Miller
WILKES	Sandra Mangum
WILSON	Patricia Miller
YADKIN	Patricia Miller
YANCEY	Patricia Miller