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<th>Course</th>
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| 100-17: Scope of Services, Practice and Education | Case Management History, Regulations and Practice Settings | - Understand the mission of case management in the hospital setting.  
- Present the history of case management.  
- Understand the regulatory issues that influence case management services now and in the future.  
- Identify the case management practice settings. |
| | Education, Scope of Practice and Standards of Practice | - Create awareness of the need for continuing education.  
- Identify certifications available to case managers.  
- Define the scope of practice for case management.  
- Identify the case management standards of practice. |
| 200-17: The Professional Case Manager | Professionalism and Communication | - Define professionalism in case management.  
- Provide an overview of professionalism as it relates to individuals engaged in the practice of case management.  
- Describe the attributes of a case management professional.  
- Understand methods of professional and effective communication. |
| | Accountability and Responsibility | - Define accountability and responsibility in the profession of case management.  
- Explain how accountability and responsibility relate to the role of hospital case manager.  
- Discuss the importance of applying all elements of accountability and responsibility to the everyday practice of case management. |
| | Advocacy | - Identify the key advocacy functions provided by hospital case managers.  
- Discuss key factors of self-determination, patient choice and patient rights.  
- Describe the key aspects of the hospital case manager role as it relates to end-of-life care.  
- Identify the key elements of successful negotiation.  
- Explain how capacity is determined and the difference between guardianship and conservatorship. |
| 300-17: Medical Legal Topics | Understanding Medicare Program Oversight | - Define the roles of the RAC, MAC other regulatory auditors.  
- Explain the impact that regulatory auditor activity has on healthcare organizations.  
- Discuss proactive strategies that case management departments can use to minimize risk and provide successful appeals.  
- Define the five levels of appeal. |
| | EMTALA and the Medical Screening Exam (MSE) | - Define EMTALA and associated terminology.  
- Understand the requirements of a Medical Screening Exam (MSE).  
- Understand the regulatory requirements of a dedicated Emergency Department (ED).  
- Know the regulations governing the transfer of patients to another facility.  
- Understand when EMTALA investigations occur and what is involved. |
| | Patient Rights, Organizational Ethics and Legal Issues | - Define patient rights.  
- Explain the concept of consistency of care.  
- Explain the role of ethical standards in case management.  
- Discuss the management of patient information. |
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<th>Section</th>
<th>Key Points</th>
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| Guardianship and Protective Custody | Discuss the rules for liability of the case manager and organization. | • Define guardianship.  
• Define protective custody.  
• Discuss how case managers are involved in guardianship and protective custody cases. |
| Patient Protection & Affordable Care Act | • Discuss key provisions of the Patient Protection and Affordable Care Act (PPACA).  
• Explain how the ACA impacts case management.  
• Discuss case management’s role in the ACA. |
| Care Coordination Overview | • Define aspects of care coordination related to case management.  
• Describe activities of care coordination across the continuum.  
• Discuss key factors of communication and documentation applicable and necessary for effective and appropriate coordinated care. |
| Transition Management and Discharge Planning | • Describe the key components of the transition and discharge planning process.  
• Discuss the rules and regulations pertaining to discharge planning activities.  
• Discuss transition management coverage and legal rights for undocumented immigrants.  
• Explain the process of transition management and discharge planning from patient arrival to patient discharge.  
• Explain differences in post-acute levels of care and triggers for transitions.  
• Discuss the elements of cost-benefit analysis. |
| Readmissions | • Explain the negative impact of readmissions on the patient and healthcare organization.  
• Discuss the CMS regulations concerning reimbursement for readmissions.  
• Explain the Root Cause Analysis method of preventing readmissions.  
• Identify key strategies and interventions for preventing readmissions.  
• Identify established tools and systems for preventing readmissions. |
| Transition Planning | • Describe the key components of the transition and discharge planning process.  
• Discuss the rules and regulations pertaining to discharge planning activities.  
• Identify transition management coverage and legal rights for undocumented immigrants.  
• Explain the process of transition management and discharge planning from patient arrival to patient discharge.  
• Discuss post-acute levels of care and triggers for transitions.  
• Discuss the elements of cost-benefit analysis. |
| Part 1: Post-discharge Facilities and Services | • List all the levels of post-acute care facilities and services.  
• Describe the appropriate post-acute level for patient needs.  
• Identify the rules and regulations of admission to nursing homes and skilled nursing facilities.  
• Discuss insurance and CMS coverage for post-acute care. |
| Part 2: Post-discharge Facilities and Services | • Discuss the levels of post-acute care facilities and services for nursing homes, skilled nursing facilities, and inpatient rehabilitation facilities.  
• Describe the rules and regulations of admission to nursing homes and skilled nursing facilities. |
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<th>600-17: Patient Status and Level of Care</th>
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| **Community Resources and Private Transportation** | • Discuss insurance and CMS coverage for a long term acute-care hospital patient.  
• Identify community and charity organizations that exist to assist patients.  
• Cite clinical indications for post-acute care non-medical modes of transportation.  
• Describe rules and regulations pertaining to post-acute care non-medical modes of transportation. |
| **Ambulance Transportation Options** | • Cite clinical indications for ambulance transportation.  
• List Medicare, Medicaid and other payor coverage and limitations for ambulance transport.  
• Describe rules and regulations pertaining to ambulance transportation. |
| **Patient Status, Level of Care and Observation** | • Define patient status.  
• Differentiate between patient status and levels of care.  
• Describe the application of clinical criteria in determining patient status and level of care.  
• Define observation services.  
• Describe requirements for managing patients receiving observation services.  
• Describe implications of the Balanced Budget Act of 1997 on use of observation services.  
• Define the new rules applied to observation services associated with reimbursement in 2010. |
| **Inpatient Admission and Observation Services in Action** | • Differentiate between inpatient admissions versus patient placement with observation services.  
• Determine appropriate classifications based on individual case studies.  
• Understand the rationale behind patient status and observation services. |
| **Medicare Patient Notifications** | • Become familiar with the tools available to comply with Medicare Conditions of Participation.  
• Provide examples of how and when to utilize the tools.  
• Understand the regulatory requirements that govern the ‘Important Message’ from Medicare regarding discharge. |

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| **Overview of Utilization Management** | • Discuss the key components of utilization management activities  
• Discuss accurate bedding orders and level of care placement  
• Define roles and responsibilities of Physician Advisors  
• Review denial and appeal process  
• Apply correct documentation into daily practice |
| **Metrics, Complex Cases and Preventing Denials** | • Identify reasons and processes for escalation of patient issues and challenges.  
• Define roles and responsibilities of Physician Advisors  
• Review denial and appeal process.  
• Apply correct documentation into daily practice.  
• Define the case manager’s responsibilities in management of length of stay and other metrics. |
| **Overview of Resource Management and Federal Resources** | • Understand the stewardship role the case manager has in resource management.  
• Outline key influencers on resource management.  
• Identify the measures of cost of care.  
• Identify cost reduction interventions. |
| 800-17: Resource Management | • Identify common high-cost outliers.  
• Recognize alternatives to outlier treatments when appropriate and strategies to minimize impact on net reimbursement when alternatives are not appropriate. |
| Works’ Compensation and Veterans Health Administration | • Describe COBRA insurance coverage.  
• Outline worker’s compensation coverage.  
• Discuss role the case manager plays when working with worker’s compensation insurance adjusters.  
• Describe veteran’s insurance coverage and benefits through the Veterans Health Administration.  
• Discuss the Dignified Wounded Warriors Care Act of 2007.  
• Describe aspects of the Veteran’s Millennium Health Benefits Act. |
| Indian Health Services, Crime Victim Programs and Other Resources | • Identify benefits of Indian Health Services.  
• Find resources for patients who have been victims of crime.  
• Discuss how charities are designed to help patients in need.  
• Identify optional healthcare alternatives.  
• Describe the role of rural clinics in patient care. |
| 900-17: Reimbursement and Patient Coverage | • Define DRGs and how they are used in healthcare.  
• Discuss transfer DRGs and how they impact organizations.  
• Discuss key strategies for managing DRGs and length of stay. |
| Overview of Diagnosis-Related Groups (DRGs) | • Provide a high-level overview of Medicare program.  
• Review government program rules as they relate to casemanagement.  
• Describe Medicare’s Conditions of Participation.  
• Describe the Hospital Payment Monitoring Program.  
• Identify eligibility requirements for beneficiaries. |
| Medicare Program Administration and Eligibility | • Provide a high-level overview of Medicare and Medicaid programs.  
• Describe Medicare Part A, B, C and D.  
• Understand Medicare reimbursement policies. |
| Medicare, Medicaid and Coverage Options | • Discuss CMS 1599-F.  
• Understand the “Two-Midnight Rule” and its implications for casemanagement practice.  
• Discuss requirements for the 20-day certification statement.  
• Discuss the qualifying nights for a skilled nursing facility transfer.  
• Define the use of provider liable. |
| The Two Midnight Rule | • Define “Accountable Care Organization.”  
• Understand the purpose and desired outcomes of ACOs.  
• Explain the implications of ACOs for case management, and the case management function within an ACO. |
| Accountable Care Organizations (ACO) |
| 1000-17: Effective Pediatric Case Management | Care Coordination | • Identify the elements, benefits, and outcomes of the Family Centered Care model and family conferences.  
• Describe the importance of multi-disciplinary team members in identifying the child’s needs and family’s concerns.  
• Explain developmental phases and how they relate to coordinating care. |
| --- | Utilization and Resource Management | • Describe why screening criteria is utilized to ensure the patient receives appropriate care at the correct level of care.  
• Discuss different coverage options and resources for low-income families.  
• Evaluate case management programs for effectiveness and process improvement. |
| Care Transitions | • Discuss the components of a discharge plan and key aspects to take into consideration.  
• Become familiar with different pediatric transitional care options.  
• Explain the importance of identifying a follow up physician for a successful discharge plan. |
| Patient Advocacy and Psychosocial Concerns of Care | • Identify the different types of child abuse and how to identify potential victims and abusers.  
• Discuss key factors of pediatric self-determination, cultural competence, and social needs.  
• Understand how drug abuse affects the pediatric population. |