

WACKER, R.R., ROBERTO, K.A., PIPER, L.E.: Community Resources for Older Adults. Programs and Services in an Era of Change. Pine Forge Presss, Thousand Oaks-London- New Delhi

www.hud.gov

This is the place to start to look for information about housing policy or programs. Visitors can search USDHUD's database and gain access to housing reports, program information, and a variety of housing data. The site also has consumer information about housing.

HomeStore.com: Senior Living

www.springstreet.com/seniors/index.jhtml?source=a1nftjt597

This Web site displays buildings, grounds and interiors of retirement communities, assisted living facilities and nursing homes in color photographs. Detailed information on each property may also be found, as well as names of moving companies, self-storage, financing, and retirement planning books.

Mature Market Resource Center

www.seniorprograms.com

The Mature Market Resource Center has two Web-based organizations. First, the Association of Marketing and Sales Executives in Senior Housing is a Web-based national membership organization dedicated exclusively to the needs of marketing, sales, and communications executives in senior housing. Second, the National Association of Senior Health Professionals is a Web-based membership organization specifically designed to address the unique needs and special interests of professionals in the rapidly growing field of senior health.

Assisted Living Federation of America (ALFA)

www.alfa.org

ALFA's Web site provides information to consumers, including a sample resident agreement, videotapes to help consumers and families ease the transition to senior housing, and a directory of ALFA members.



Case Management

Ruby, 86, suffers from Parkinson's disease. Widowed for 5 years, Ruby lives in a small house one block from the main street of the town in which she has lived for 25 years. Ruby is becoming quite frail and must always use a walker. She has wonderful neighbors who are helpful, a 76-year-old sister-in-law who lives 5 miles away, and two nieces who are caring and attentive but live out of state. To help her remain independent and to continue to live in her own home, Ruby's case manager recommended a variety of service options, including meals on wheels, home health care, and the use of the senior bus for visits to the doctor when her neighbors are not available to take her.

Case management is central to the integrative delivery of services for older adults. Without it, many older adults such as Ruby become frustrated when seeking help from an often fragmented, complex, and costly service system. Case managers serve as navigators, guiding older persons in their pursuit of services that will foster their independence. The National Advisory Committee of Long-Term Care Case Management defines case management as "coordinating services that helps frail elders and others with functional impairments and their families identify and secure cost effectively administered services appropriate to the consumers' needs" (Connecticut Continuing Care, Inc., 1994, p. 5). This dual mission of planning and individualizing services to promote client independence while controlling costs makes case management a cornerstone of community-based service provision for older adults (Rife, 1992).

Known by a variety of names (e.g., *care management*, *case coordination*, and *service management*), case management occurs in a diverse range of long-term care programs for older adults. Although programs differ in how they implement, access, and monitor their services, they do agree on the core

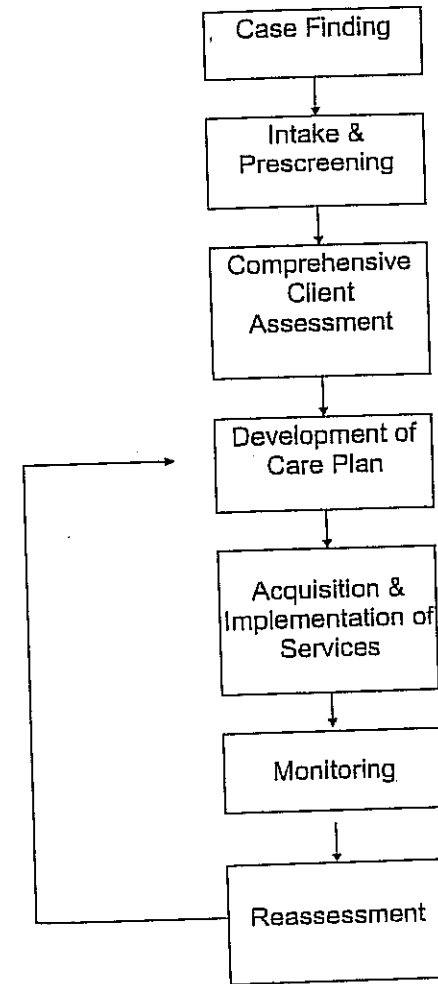
elements of case management (Austin, 1996; Quinn, 1993; Schraeder, Frase, Bruno, & Dworak, 1990; Urv-Wong & McDowell, 1994).

The case management process begins with *case finding* (see Exhibit 16.1). The purpose of case finding is to locate individuals who might benefit from services. Case managers often rely on referrals from other professional service providers to help them in identifying viable clients. Gatekeepers, or individuals who by the nature of their day-to-day work come into routine contact with many people, can be trained to successfully identify isolated older individuals with functional limitations and refer them to case management programs (Emlet & Hall, 1991). Once these individuals are identified, case managers begin the *intake and prescreening* process by obtaining basic information about them (e.g., presenting problem, age, income, living arrangements, current level of both formal and informal service use, and type of disability). Case managers also evaluate potential clients according to program criteria (i.e., income and level of frailty) to determine eligibility for particular services.

After a client is accepted via the prescreening, the case manager continues the process by conducting a more *comprehensive client assessment*. Using a multidimensional assessment tool (see Exhibit 16.2), the case manager gathers in-depth information about the person's physical well-being and medical history, psychological and mental functioning, functional ability (i.e., activities of daily living [ADLs] and instrumental activities of daily living [IADLs]), social activities, formal and informal service use, economic and financial status, in-home safety, and family relationships (Krout, 1993a; Quinn, 1993). From the assessment, the *development of the care plan* occurs. The care plan describes the type of problem the client has and the planned outcomes of the services. The case manager operationalizes the needs of the individual in conjunction with a client's values and preferences to set desired outcome goals and to design a care plan of informal and formal services to best meet the needs of the individual. The case manager then identifies, coordinates, and negotiates service provision and funding. How the case manager handles the *acquisition and implementation of services* depends on which case management model is being used (the different models will be described later in the chapter).

Monitoring is also a function of the case manager. After arranging for services, the case manager continues to periodically monitor client satisfaction with the plan, the appropriateness of the plan, and the implementation of the plan (e.g., quality, timeliness, and duration). Finally, after a specified time, the case manager conducts a *reassessment* of the client and care plan to detect changes in the client's needs and to evaluate the effectiveness of the care plan in meeting the client's goals. On the basis of this evaluation, the case manager

Exhibit 16.1 Case Management Process



revises or adjusts the care plan as appropriate to reflect the client's current needs, or the client may be discharged from the program.

In the remainder of this chapter, we focus our attention on the rapidly developing field of case management. We begin by examining the political influence and support for case management services. This section is followed by a profile of case management users and providers. We end the narrative portion of the chapter with a discussion of the challenges facing case management programs now and in the future.