

“Case Management 101”

What does a Case Manager do?

Case managers are, first and foremost, advocates for the individuals we serve. They have no voice, except from those who advocate for them. Our individuals, their families, guardians, and those who support them are your constituents.

Case managers are the link to needed medical, social, educational, and other services.

We are the entity responsible for assisting participants to gain access to needed services. We facilitate assessments, we assist with securing financial and medical eligibility, and we emphasize and promote the use of natural and generic supports, in addition to those paid supports, to address individuals' needs.

Case managers advocate for and promote person-centered supports to help our individuals pursue their best life while gaining whatever level of independence they can.

We work collaboratively with other supports to involve the active participation of the individual, the representative or guardian, and the interdisciplinary team (IDT). The IDT may consist of, for example, representatives from a residential supports provider, a variety of therapists, day programming, and nursing.

Case managers develop the individual service plan (ISP), the tool that identifies the needed medical, educational, therapeutic, and daily supports an individual needs, and that also determines how those supports will be delivered. We then monitor and report on the implementation of that ISP, on whether the services and outcomes remain appropriate in helping an individual reach his or her best life, and whether they are reaching their identified outcomes.

Why do we need independent case management? Independent case management is the only support that objectively identifies the needs of the individuals we serve because we do not also provide direct care supports. It is the only required service under the DDW.

Demographics of case management. Currently, in New Mexico, there are over 200 independent case managers. As contractors with the State, we receive no benefits from the State. We provide for our own retirement, we do not get annual leave or sick leave. Case managers are required to have at least a Bachelor's degree (there may be a very, very few exceptions in outlying and rural areas where it is hard to find providers), and most of us have advanced degrees at the master's level. Most case managers have had 10 or more of experience in the field.

Who do we report to? Who supports us? Case managers report to the Developmental Disabilities Supports Division (DDSD) of the Department of Health (DOH). We also report to our regional office (RO). Our State is currently carved into 5 regions: Metro, Northeast, Northwest, Southeast, and Southwest. Each of these regions has a director and staff with whom case managers should be able to consult for support. Arguably, case managers have more education and experience than many of the persons to whom we report and with whom we consult.

In a nutshell, a case manager is a cross between and social worker and a fraud investigator. Simply put, case managers assist persons on the developmental disabilities waiver (DDW) program with accessing services and supports they need to achieve the quality of life they deserve; then we monitor those services to assure they are really happening and happening appropriately. We are the State's first line of defense against Medicaid fraud and the voice that advocates for our most vulnerable citizens.