

CASE MANAGEMENT SERVICES

- * Assistance to achieve your self-care goals.
- * Assurance that your care plan will give you the best possible recovery in the shortest time.
- * Help you and your family make informed health care decisions.
- * Help with coordination of needed home health care, therapy, medical equipment and/or nursing visits. Referrals to community resources and funding options.
- * Reinforcement of medical information, and/or diet, activity, medication instructions.
- * Assistance to take control of your recovery and to make decisions that positively affect your health outcomes.
- * Consultation with specialty providers to assure ongoing progress toward your recovery.
- * Help in understanding your medical insurance needs, their costs, how to determine what coverage or other community services you may need, and to assist in the application process if necessary.

SERVICES NOT PROVIDED

- * Transportation by the case manager
- * Home care services
- * Delivery of equipment, papers, etc.
- * Processing of Referral/Authorizations

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Health Net Federal Services also provides case management services for KAHC beneficiaries to include those enrolled in the ECHO program as well as for patients receiving behavioral health, transplant and intensive case management services. All referrals for case management are screened through the KAHC Case

Management office located in the Managed Care Division/ 2nd Floor.

KENNER ARMY HEALTH CLINIC

Case Management

PROGRAM



Patient Guide

**"Your Care. Your Trust.
Our Mission."**

KAHC MISSION

As the heart of a system for health, we are committed to promoting, sustaining and enhancing the wellness of the Fort Lee community, keeping our patients' trust through quality and compassion.

KAHC VISION

We aspire to be Fort Lee's health care provider of choice and the DoD's premier integrated system for health.

WHAT IS CASE MANAGEMENT?

Case management involves a team of health care professionals who help you and your family solve your medical, educational, and social needs. The case manager is your team coach.

You and the team work out a plan to help you gain control of your illness, injury, or situation as soon as possible. You will also plan with them to get the right help for what you need as you improve. The case manager will oversee the plan with you to be sure it continues to meet any change in your health status.

The goal is to help smooth your trip through the maze of medical care.

WHO IS ELIGIBLE FOR CASE MANAGEMENT?

Usually people with very complex conditions or situations require case management. These may be of a medical, social, financial or behavioral health nature. Some examples are: cancer, severe Parkinson's, elderly or disabled living alone, severe burns, or transplants. Your participation is voluntary.

WILL MY PROVIDER BE INFORMED OF THESE PLANS AND SERVICES?

Your doctor, nurse, or physician assistant is part of the team that helps you make plans and decisions about your health goals. The case manager will write out a care/service plan based on those goals. It is updated to keep up with any change in your status. The provider and you have the final say about any and all care you will get.

DEFINITION OF CASE MANAGEMENT

Case management is a dynamic and systematic collaborative process in which a professionally licensed provider (usually a nurse or social worker) assesses, plans, coordinate, implement, monitors, advocates for, and evaluates the options and services required to meet an individual's unique healthcare needs.

WHO WILL I WORK WITH AS A CASE MANAGER?

There are many caring and competent professionals who perform case management services at this facility. You may work with a nurse, social worker, physician, or other members of the health care team.

Everyone has the same goal - to help you reach your highest well being as soon as possible.

HOW LONG WILL CASE MANAGEMENT SERVICES LAST?

Some persons require help for an extended period of time, even for life. Many persons, however, will not need help once they have achieved their goals. These goals are the ones you set with your case management team. Services are stopped when you and the team decide they are no longer necessary and/or helpful. Case management can be restarted at a later time if needed.

WHAT WILL THIS COST ME?

Case management services are a benefit service of TRICARE. There is no additional charge and no billing to your insurance for this service.

Our MTF case managers cover all

beneficiary categories.

AS A PARTICIPANT IN THE CASE MANAGEMENT PROGRAM, YOU HAVE THE RIGHT TO:

1. Be cared for with courtesy and respect.
2. Be told about your health care problems.
3. Be told how your problems are usually treated and share in the planning.
4. Be told what you can expect from treatment.
5. Agree to your treatment.
6. Refuse any part of your treatment.
7. Be counseled about what complications could occur if you refuse a treatment.
8. Privacy.
9. File a complaint if you feel your rights have been denied.
10. Be discharged from the case management program at any time you wish.
11. Receive information in a language you can understand.

AS A PARTICIPANT IN THE CASE MANAGEMENT PROGRAM, YOU HAVE THE RESPONSIBILITY TO:

1. Treat the case manager with courtesy and respect.
2. Ask questions about any part of the care you do not understand.
3. Discuss with the case manager any changes in your condition or how you feel.
4. Talk to the case manager about other health problems you have had in the past.
5. Inform the case manager about all medications and remedies you are using.
6. Follow through on shared goals and recommendations.
7. Let the case manager know if you are having problems following any instructions.
8. Let the case manager know if you decide not to follow the plan of care.

