CHAPTER TWO:
HISTORICAL PERSPECTIVES
ON CASE MANAGEMENT

CHAPTER OBJECTIVES

I.   Perspectives on Case Management
      A.   Identify four perspectives on case management.
      B.   Trace the evolution of case management.
      C.   Describe the impact of managed care organizations on case management and service delivery.

II.   The History of Case Management
      A.   Assess the contributions of the pioneers in the areas of advocacy, data gathering, recordkeeping, and cooperation.
      B.   Using the Red Cross as an example, describe casework during WW I and II.
      C.   Name the acts of federal legislation that further developed case management.

III.   The Impact of Managed Care
      A.   List the goals of managed care.
      B.   Summarize the impact of managed care on human service delivery.
      C.   Differentiate between HMOs, PPOs, and POS.

IV.   Expanding the Responsibilities of Case Management
      A.   Trace the shift in emphasis in case management.
      B.   Explain the strengths and weaknesses of managed care.

CHAPTER OUTLINE NOTES

Case Management Historical Context
- Four perspectives have shaped case management over the past 40 years:
  - Case management as a process
  - Client involvement
  - The role of the helper
  - Utilization review and cost-benefit analysis
- Modern-day case management reflects many changes, including changing needs of individuals served, financial constraints on the human service delivery system, increasing number of people needing services, and the growing emphasis on client empowerment, evaluation of quality, and service coordination.
- Much of the foundation of case management was developed when it was used to serve people with mental illness who were deinstitutionalized in the 1970s.

Case Management as a Process
- *Deinstitutionalization*: the movement of large numbers of people from self-contained institutions to community-based settings such as halfway houses, family homes, group homes, and single-residence dwellings.
  - Key elements for success include responsibility, continuity, and accountability (Ozarin, 1978).
    - These elements ensure that a client's problem is assessed, appropriate plans are put in place for the duration of treatment, and the client's ability to function independently and to assume self-responsibility are increased.
- Case management provides a focus and oversees the delivery of services in an orderly fashion.

Client Involvement/Case Manager Role
- During the 1980s, client involvement came to be emphasized more strongly.
- Traditionally, terms such as caseworker and case manager described the efforts of helpers.
- Today, job titles include service coordinator, liaison worker, counselor, case coordinator, healthcare case manager, and care coordinator.
  - This range of titles reflects the diversity of service delivery today and the broader range of responsibilities and perception of roles.
- The emphasis has shifted from the skills of managing someone to the terminology reflecting a more equitable relationship.
- Changes placed an emphasis on working with other professionals, coordinating care and other services, and empowering individuals to use the system to help themselves.
- For the client, the focus became the ability to develop skills needed to work within the human services network.
- For the case manager, the focus shifted from management to coordination.

Utilization Review/Cost-Benefit Analysis
- One result of the spiraling cost of medical and mental health services is the growth of the managed care industry.
- The purpose of managed care is to authorize the type of service and the length of time care is provided. An emphasis is placed on the efficient use of resources.

- Case managers are involved in utilization review and have the responsibility to authorize and deny services.
- Case managers may also be responsible for cost-benefit analysis, which focuses on the financial matters of the case (specifically the cost and efficiency of services).

History and Contributions

- First used in institutional settings, case management included the responsibilities of intake, assessment of needs, and assignment of living space.
- An early example of such an institution was the Massachusetts School of Idiotic and Feebleminded Youth, established in 1848.
  - The school provided services in case management such as tracking student progress, providing follow-up services, and managing information.
  - Other practices at this school such as aftercare, evaluation of services, and advances in record-keeping contributed to case management as we know it today.
- Early case management took either of two forms: a multiservice center approach or a coordinated effort of service delivery.
- Jane Addams, Lillian Ward and Mary Richmond were three early pioneers who contributed to the development of the emerging case management process.
  - Jane Addams founded Hull House in Chicago (1889), committed to sharing a love of learning.
    - Advocacy was also integrated into the work of Hull House.
  - Lillian Ward established The Henry Street Settlement House in New York (1895), and created a system for nursing the sick in their own homes, promoting the dignity and independence of the patient.
    - The work at Henry Street led to two significant innovations: the designation of the visiting nurse and the development of the Red Cross.
  - Mary Richmond was a social reformer who promoted the idea that each person was a unique individual whose personality, family and environment should be respected.
    - She believed that professionals should work with clients rather than doing things to them.
    - *Social Diagnosis*: Developed by Richmond, a systematic way for helping professionals to gather information and study client problems.
    - Richmond established a series of methods for gathering information about individuals, assessing their needs and determining treatment.
    - She recognized that gathering data is a complex process and urged the use of different methods for different individuals.
    - She also believed in multiple sources of information and warned that data-gathering was an often incomplete process.
- As services expanded, the need for effective administration and record-keeping increased resulting in the collection of information about demographics, participation, and attendance.

World Wars I and II/The Red Cross

- During WWI, the American Red Cross, in response to an increased interest, used casework to address individuals' problems and their psychological needs.
- The Home Service Corps helped address the needs of the families of military personnel (those experiencing problems such as illness and marital difficulties).

- o The Home Service Corps made two important contributions:
    - Extended help was offered to individuals and their families.
    - Volunteers became brokers of services, coordinating communications and requests between families and agencies.

Federal Legislation

- *The Older Americans Act of 1965*: focused on providing services for older individuals in order to improve their quality of life.
    - o Legislation contributed to case management by emphasizing the multiplicity of human needs and recognizing the need to coordinate care.
- *Rehabilitation Act of 1973*: This act and its subsequent amendments emphasized client involvement, consumer choice, and control in setting goals and objectives.
- *Children with Disabilities, Education for all Handicapped Children Act of 1975*: included an explicit case management process to treat the client as a customer.
    - o The client was to be involved in identifying the problem, given complete information about the results of the assessment of needs, and empowered to help determine the type of services delivered.
- *The Family Support Act of 1988/The Personal Responsibility and Work Opportunity Act*
    - o Mandated that case management be applied to the process of serving those who were deemed eligible.
    - o Case managers became a key component in welfare-to-work programs.

The Impact of Managed Care

- The emergence of managed care has increased the demand for case management services and has provided new models and definitions of service delivery.
- *Fee-for-service*: early provision of medical care.
    - o Each patient was assessed a fee for each health or mental health service provided by a professional.
- In the 1930s, physicians implemented prepaid group plans or managed plans for medical services.
    - o The basic concept of a prepaid plan was to guarantee a defined set of services for a negotiated fee.
- The prevalence of managed care is now commonly regarded as being connected to the rising cost and decreasing quality of health care and mental health care.
- *Managed care*: organized structure that uses prepayment rather than fee-for-service payment. An agreement that health providers will guarantee services to clients within specified limits.
    - o It can designate the array of different payment plans, such as prepayment and negotiated discounts.
- Policies restrict clients' access to providers such as physicians and other health professionals.

Models of Managed Care

- *HMO (health maintenance organization)*: generic term covering a wide range of organizational structures
    - o Combines delivery and financing into one system.
    - o Services available and the cost of providing them are constantly managed by the HMO, however client choice is limited by site-of-service restrictions.
- *PPO (preferred provider organization)*: plan that falls between the traditional HMO and

the standard indemnity health insurance plan.

- *POS (point-of-service):* allows for more flexibility than HMO or PPO plans provide.

Managed Care

- Managed care has emerged as a response to the fact that employers, governments, payers, clients, and providers are all seeking ways of containing health care costs.
- All three plans emphasize management of medical cases, review and control of utilization, and incentives for restrictions on providers and clients to reduce costs and maintain quality.
- Clear advantages and disadvantages of these plans have emerged.
- In response to professional and client frustrations, several advocacy efforts have evolved.

Professionalization of Case Management

- The professionalization of case management within human service delivery includes a national certification offered by several professional organizations and states.
- Case management has been further developed in fields such as Social Work and Substance Abuse.
- New certification at the national and state level enhance the distinctiveness of the role and the emphasis on quality and accountability.

CHAPTER SUMMARY NARRATIVE

Foundations of case management include the work of early pioneers in helping professions, new organizations and institutions, and federal legislation. Beginning in the late 1800s, institutional settings, such as the Massachusetts School of Idiotic and Feebleminded Youth were established to provide services and support to individuals with cognitive, physical, or developmental disabilities.

During the early part of the twentieth century, the American Red Cross and Departments of Public Health each contributed significantly to the field of case management. For example, the American Red Cross used a casework approach as early as 1911, during the Mexican civil war. During the 1960s, several federal legislative efforts recognized the need for social services. One example is the Older Americans Act of 1965 that mandated case management as one component of services provided.

During the 1980s, our society witnessed the development of managed care. With this new model of health care came an increased need for case managers. Three models of managed care have emerged in an attempt to maintain cost and ensure quality of service delivery. The Health Maintenance Organization (HMO) combines service delivery and financing into one system. The second model of managed care, the Preferred Provider Organization (PPO), allows a little more flexibility for consumers by allowing service delivery outside of the network but with fewer benefits. The third option in managed care is the Point-of-Service (POS) plan. The POS plan also offers flexibility to the consumer, but requires higher premiums, deductibles, and percentages of medical fees from the consumer.

Managed care has advantages and disadvantages. Advocacy efforts, such as the patient bill of rights developed by the American Psychological Association, have evolved in response to frustrations with managed care. The professionalization of the case management function continues to expand its definition and roles and responsibilities.

CHAPTER TEST QUESTIONS

Objective Questions

For each question, choose the **best** answer.

1.   The process of deinstitutionalization affected case management by:
        A.   giving the client access to his or her assessment results.
        B.   providing large numbers of individuals with community-based treatment.
        C.   increasing the federal government's involvement in service delivery.
        D.   establishing a partnership between the client and the case manager.

        ANS: B
        REF: Perspectives on Case Management (p. 41)

2.   The different ways case managers perceive their roles has been reflected in which way?
        A.   The increases in financial constraints
        B.   The trends in federal legislation
        C.   The goals of managed care
        D.   The changes in job titles

        ANS: D
        REF: Perspectives on Case Management (p. 45)

3.   Authorizing services, monitoring quality of care, and determining the length of time care is provided are all functions of:
        A.   public health programs.
        B.   after-care programs.
        C.   managed care programs.
        D.   behavioral health programs.

        ANS: C
        REF: Perspectives on Case Management (p. 46)

4.   The current emphasis on continuity of care can be traced back to the provision of aftercare, which was an important service provided by which of the following?
        A.   The Hull House
        B.   The Massachusetts School
        C.   The Red Cross
        D.   The Henry Street Settlement House

        ANS: B
        REF: The History of Case Management (p. 47)

5.   Improving living conditions such as housing and sanitation was an advocacy issue addressed by:

A. Samuel Howe.
B. Lillian Wald.
C. Mary Richmond.
D. Jane Addams.

ANS: D
REF: The History of Case Management (pp. 48-49)

6. Gathering information, assessing needs, and determining treatment strategies are all parts of the method of helping individuals called:
    A. coordinated care.
    B. social casework.
    C. eligibility determination.
    D. treatment services.

ANS: B
REF: The History of Case Management (p. 51)

7. Meeting the multiple needs of individuals and coordinating communications between families and agencies were two functions of:
    A. Henry Street Settlement House.
    B. Home Service Corps.
    C. Hull House.
    D. the Massachusetts School.

ANS: B
REF: The History of Case Management (p. 52)

8. Which of the following acts focused on consumer involvement, client satisfaction, and adequacy of services?
    A. Rehabilitation Act of 1973
    B. Children with Disabilities, Education for all Handicapped Children Act of 1975
    C. Older Americans Act of 1965
    D. Family Support Act of 1988

ANS: A
REF: The History of Case Management (p. 56)

9. One area of focus in the IDEA amendments (1997) was:
    A. recognizing the need to coordinate care.
    B. preparing students to live independently.
    C. treating the client as a customer.
    D. assessing client satisfaction in aftercare.

ANS: B

10.   The Older Americans Act of 1965 advanced case management by:
    A.   promoting customer involvement in decision-making.
    B.   encouraging vocational education and self-sufficiency.
    C.   recognizing the need to coordinate care among agencies.
    D.   allowing clients to evaluate the helping process.

ANS: C
REF: The History of Case Management (pp. 52-53)

11.   The basic concept of managed care as developed in the 1930s was to:
    A.   combat the rising cost and decreasing quality of health care.
    B.   guarantee a defined set of services for a negotiated fee.
    C.   increase the self-sufficiency of families who received federal aid.
    D.   recognize the multiplicity of human needs and coordinate care.

ANS: B
REF: The Impact of Managed Care (p. 58)

12.   The HMO managed care model is distinguished from the traditional fee-for service model by:
    A.   combining delivery and financing into one system.
    B.   allowing the consumer to negotiate the fee for each service.
    C.   organizing care based on the efficiency of the providers.
    D.   billing the consumer separately for each service provided.

ANS: A
REF: The Impact of Managed Care (p. 59)

13.   The managed care model that requires customers to pay higher premiums, deductibles, and percentages of medical fees is the:
    A.   HMO plan.
    B.   POS plan.
    C.   PPO plan.
    D.   None of the above.

ANS: B
REF: The Impact of Managed Care (p. 60)

14.   Advantages of managed care include which of the following?
    I.   Resources are spent according to priorities.
    II.   Access to services is limited.
    III. Providers must justify services provided.
    IV.   Efficiency of service delivery has improved.

A. I, II and IV
B. I, III and IV
C. II, III and IV
D. I, II, III, and IV

ANS: B
REF: The Impact of Managed Care (p. 62)

15. One way growth of the managed care industry has impacted the responsibilities of case managers is by:
A. requiring them to assess clients and determine treatment.
B. encouraging them to involve clients in decision-making.
C. allowing them to provide social services to people in need.
D. giving them the responsibility of authorizing or denying services.

ANS: D
REF: Perspectives on Case Management (p. 46)

16. The greatest disadvantage of the HMO model is:
A. the reduced coverage received when using out-of-plan providers.
B. the extra time required to receive services because of bureaucracy.
C. the limited choice of providers an individual client has.
D. the questionable quality of the services provided.

ANS: C
REF: The Impact of Managed Care (p. 60)

Discussion Questions

1. How has federal legislation since 1970 contributed to the evolution of case management?

2. List the historical contributions of individual and organizational pioneers to case management.

3. Discuss the advantages and disadvantages of the three types of managed care organizations.

4. Identify the contributions of the following to case management:
   - Hull House
   - Henry Street Settlement House
   - Mary Richmond
   - Red Cross

5. How has managed care influenced case management today?

6. Describe the professionalization of case management.

CHAPTER EXERCISE

Read the following case study.

      Anne is a case manager with a community agency. One of the most effective ways to describe her work as a case manager is to read about one of her recent cases illustrating what she does.
      Elizabeth and Gordon Bethke were referred to Anne by their daughter's physician after they indicated they were struggling with their daughter's anger management and attitude.

      At our first meeting I learned that the Bethkes had been married for 25 years and had three daughters. Their oldest, Courtney, 23, lives in France doing graduate work for her mechanical engineering master's degree. Christina, 20, is a junior in college. After this year, the Bethkes were preparing to become empty nesters and were struggling with their youngest daughter, Whitney, 18 and a senior in high school.
      Courtney and Christina are both in college and are very independent. Whitney, on the other hand, has struggled with dependency — being dependent on not only on her parents but also on her boyfriend and friends. She has relied very much on her looks and style to get what she wanted. Having been fairly strict parents while raising the first two, Gordon and Elizabeth were having a hard time keeping track of Whitney.
      As the problems continued to unravel, so did the story of a very troubled marriage. I suggested meeting with Gordon and Elizabeth separately to attempt to get a more complete picture of the situation. They were both agreeable.
      Meeting with Gordon revealed a man who did not like to admit to any problems with his marriage; truthfully, they appeared to have been struggling quietly for years. Gordon was a man who was aggressive through his silence. He tortured his family, not with alcohol or beatings, but with the silent treatment. He controlled his wife with manipulative behavior in the bedroom. After talking with him, it was evident that Gordon was an angry man, upset with the hurt that his wife had caused him. He would admit his anger or frustration to Elizabeth. When she would inquire why, however, he would refuse to talk to her. In this way, he controlled her emotions and behavior.
Meeting with Elizabeth uncovered a woman who was dying to talk to someone about her struggles with Gordon. I realized how truly unhappy Elizabeth was with her marriage. She felt trapped. She felt the only time she could be herself was when she was not with Gordon. She admitted that, a few years ago, she had met a man who seemed to understand her. This made her realize in all of these years with Gordon, she had never been the person she thought she was.
      The man Elizabeth felt a connection with was a close family friend. It hurt Gordon very much when he became aware of the strong feelings between Elizabeth and the friend. The couple agreed not to speak or socialize with this friend any more and to try to work things out between them. Elizabeth became submissive and willing to do whatever it took to make their life together appear loving from the outside. Although she was dependent on Gordon, she continued to be drawn emotionally to the friend and began to speak and meet with him behind Gordon's back.
      The family initially came to the agency because of Whitney. Once they were accepted for services, Whitney was the easiest person in the family to work with. Before the meetings, Whitney was aggressive towards her parents and sisters, hung with "the wrong crowd," drank and smoked, and skipped class. Her grades had dropped from a strong B+ to all Cs and Ds.

Every time something would not go her way, she would lose control and scream at her parents. The next day she would act as thought nothing had happened.

Whitney came voluntarily and, after some rapport was established, she talked openly about what her life was like and how she wanted things to be. She hated soccer, but felt intense family pressure to continue playing. Gordon was a former professional hockey player and both sisters had played or were playing collegiate soccer. We explored a number of options for Whitney. She finally decided to quit playing soccer and to try out for cheerleading. This was an uphill battle for her because cheerleading was unknown to the Bethke clan. Whitney persisted, made the cheerleading squad, and finally felt some success of her own. In her high school, all athletes signed a "blue sheet" stating they wouldn't smoke, drink, take drugs, or skip class. A certain grade point average was mandatory. Although her old friends didn't want anything to do with her now, she began hanging out with her cheerleading teammates. Her grades improved, and, although her tempter is still hot, she had learned to apologize. I believe that if Whitney continues to receive positive reinforcement and affirmation for who she is and for her abilities, she will continue to grow and develop into a mature young woman. We will continue to work on anger management once every two weeks.

Unfortunately, for Gordon and Elizabeth, life won't be that easy. I referred Gordon to the center's psychologist for an evaluation. He was diagnosed as passive-aggressive, and therapy was recommended. I have arranged for him to see a counselor who works well with males. I believe he will also benefit from participation in a group at our center for people who want to change behaviors. His negativism and inability to accept responsibility for his behavior are particularly troublesome in his marriage. One of Gordon's assignments has been to read about his diagnosis and, although he isn't completely in agreement with his diagnosis, there is some improvement in his ability to talk about his feelings.

Elizabeth has agreed not to see her friend until she has worked things out with Gordon. Her physician suspected she was depressed and a psychological evaluation by a psychologist at the center supported a diagnosis of clinical depression. She refuses to take any medication for it. I will continue to meet with her once a week. We are trying to develop a plan of action for her so she has some goals that will allow her to improve her self concept and take responsibility for her well-being.

1. Based on Anne's work with this case, how would you describe her job responsibilities as a case manager?

2. Describe the recordkeeping that would be necessary in this case.

3. How does the case manager involve Gordon, Elizabeth, and Whitney in the case management process?

4. Suppose you are Mary Richmond. What social diagnosis methods might you employ with this case?

5. If you are in compliance with the Rehabilitation Act of 1973, how would you promote client involvement and client satisfaction?

CLASS ACTIVITIES

In-Class Activity:

Ask students to think about how the professionalization of case management affects them and their paths. Prompt them to identify organizations, credentials, and/or degrees that currently influence them. From the organizations identified by students, pick one to search for on the Internet. Once you find the organization's Web site, browse for "professionalization" (e.g. examples/descriptions of certifications). Also share with the class your background (credentials, degree, organization membership).

Out-of-Class Activity:

Chapter 2 brings up issues of diversity and describes the contributions of Mary Richmond. Research a program in your town or city (current or previous) and identify the population it serves. Imagine implementing this program in another area with a different population (for example, make a program that services inner-city youth work for rural youth or vice versa). Identify changes you would need to make in order to adequately serve the new population.