HEALTH SYSTEM
UNIVERSITY OF MICHIGAN

Care Management

What is care management?

Care management is a team led by a Registered Nurse (RN) case-manager and a Social Worker. They will partner with you, your family, your doctor, bedside nurse and other care providers to improve the coordination of your hospital stay (or that of a loved one) and to prepare a safe discharge. The team will begin working on your transition for a safe discharge as soon as you are admitted to the hospital.

Please share your concerns and questions with your care team. It is important to remember that the team is not complete without your voice!

What services does the care management team help to coordinate before and after I leave the hospital?

The care management team work to connect you with services and agencies that can support you or your loved one during the hospital-stay and after discharge. This includes:

- Working with your insurance carrier for coordination of your benefits and obtaining authorizations for your hospital stay
- Counseling related to how illness, disability and grief can impact you and your family
- Problem-solving with you on social and financial barriers that impact your medical care
- Providing community resources information and referrals
- Connecting you with the following services as needed:
    - Hospice

- Home care services such as: visiting nursing, physical therapy, occupational therapy, speech therapy and private duty nursing)
- Out of hospital placement referrals including skilled nursing facilities and acute rehab facilities
- Infusions at home (IV's and tube feeding) after discharge
- Durable medical equipment (wheelchairs, oxygen, medical supplies)

If you have questions or concerns that are not listed here, your care management team can connect you with the appropriate resource to get you the answers you need.