



Case Management Society of America

6301 Ranch Drive | Little Rock, AR 72223

T 501.225.2229 F 501.221.9068 E cmsa@cmsa.org

www.cmsa.org

Deadline: February 14

Call for Nominations

National Case Manager of the Year Award (CMOY)



First awarded in 1993, CMSA's nationally-recognized Case Manager of the Year (CMOY) award is given to bring recognition to an outstanding leader of the case management profession.

Championing best practices and case management excellence through sustainable leadership go hand-in-hand. In an effort to celebrate the dedication and leadership of those committed to the case management industry, this distinguished award is given to an individual whose notable contributions and exceptional dedication have provided a positive vision for the future of case management.

This award recognizes an individual whose leadership qualities, both professionally and personally, have encouraged others to develop their own gifts of leadership excellence and whose continuing commitment to leadership activities have shaped the industry.

Candidates must show through mature and effective professional skills, leadership ability and vision, that they have made significant accomplishments that influenced case management.

The scoring process utilizes objective point-driven criteria. The complete submitted documentation is crucial to assuring that the nominee is scored to the fullest potential of the award.

The National Awards Committee is charged to review all nominations for both CMOY and AOSE awards and make recommendations to the CMSA Board of Directors who is ultimately responsible for approving the selection of recipients.

The leading membership association providing professional collaboration across the health care continuum.

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AWARD CRITERIA

National Case Manager of the Year (CMOY)

Minimum Criteria:

- ★ Current Class “A” member of CMSA for five years and currently in good standing.
- ★ At least one national healthcare-related certification at time of nomination (*i.e.*, CCM, CDMS, CRC, CRRN, COHN, *etc.*).
- ★ Current* Curriculum Vitae attached which validates five (5) years of currently engaged experience in case management.
- ★ Three (3) letters of reference who can provide additional information to support the nominee for this award.
- ★ A completed CMOY Nomination Form submitted with complete documentation emailed to awards@cmsa.org by the **February 14**.

CMOY Award Criteria:

- ★ Participation in CMSA and/or other professional organizations at the national, state, or local level in one or more of the following areas:
 - Officer
 - Member of the Board of Directors
 - Committee Chair/Committee Member
 - Task Force Chair/Task Force Member
- ★ Authored an article published in current literature for national, state, or local distribution.
- ★ Conducted educational/professional presentation(s) related to CM at one or more of the following:
 - National conference/seminar
 - State or local conference/seminar
 - Group of professionals outside of normal job duties; related to CM (*i.e.* *academic training program; meeting with public officials*)

CMOY Nominee May Demonstrate Excellence in Case Management Leadership Through Any of These Activities:

- ★ Significantly enhances the body of CM knowledge.
- ★ Supports research in the study of case management.
- ★ Significantly and positively impacts case management practice in a particular work setting.
- ★ Develops new & innovative management approach to a commonly recognized barrier to wellness.
- ★ Provides CM service to all clients or family or group of clients which is considered to exceed usual expectations & which has resulted in significant improvement in quality of care.
- ★ Provides case management service to a client or family or group of clients which is considered to exceed usual expectations and which has resulted in significant cost savings.
- ★ Exceeds usual expectations in the training of case managers, as a supervisor or manager of a staff of case managers.
- ★ Impacts the clients of case managers through the initiation or enhancement of a community service (*i.e.*, *a support group, etc.*).
- ★ Significantly impacts communication with other professional groups.

★ **NOMINATION AND AWARD BENEFITS** ★

What Happens to Your Nomination?

- ★ Nominations are screened at CMSA National Headquarters to ensure they meet minimum criteria.
- ★ Those meeting minimum criteria are forwarded to the Awards Committee and evaluated according to stated criteria.
- ★ Entries are scored and tabulated by the Committee, who recommends the CMOY & AOSE recipients to CMSA's National Board of Directors, who then ratifies the recommendation.
- ★ Award recipients are notified by CMSA's President and the Committee Chair approximately 9-10 weeks before the Annual Conference.
- ★ The official award ceremony will be held at CMSA's Annual Conference in June.

Award Benefits:

- ★ One (1) Complimentary Full-Conference Attendance for Recipient
- ★ One (1) Full-Conference Pass for 1 Family Member or Guest
- ★ Personalized Crystal Award
- ★ Official Award Pin
- ★ Coach Airfare (subject to CMSA Travel Policy)
- ★ Hotel Stay (1 room for 3 nights)
- ★ Official Award Ceremony Recognition at Annual Conference
- ★ Copy of Multimedia Presentation & Ceremony
- ★ National News/Article Release (Post-Conference)
- ★ One Year Complimentary CMSA Membership (National & Chapter)

Email Completed Nomination and Supporting Documents by: FEBRUARY 14

Nikki Jackson
National Awards Staff Liaison
awards@cmsa.org
Phone: (615) 432-0101

AWARD FREQUENTLY ASKED QUESTIONS

- | | |
|---|-----|
| 1. Can I self-nominate? | NO |
| 2. Can a non-CMSA member nominate me? | YES |
| 3. If I do not have access to the information required, may I obtain this information from the nominee? | YES |

AWARD NOMINATION FORM

Case Manager of the Year (CMOY)

If Candidate is being Nominated for BOTH CMOY and AOSE, **BOTH** Nomination Forms must be completed to ensure that both sets of criteria are met and full documentation submitted for each entry. **Nominee is eligible to receive only one award.*

NOMINEE Information:

Name of Nominee

Credentials

CMSA Chapter

Place of Employment

Title

Mailing Address

City/State/Zip

Email

Phone

NOMINATOR Information:

Name of Nominator

CMSA Chapter

Email

Phone

Relationship to Nominee

Date

To the best of my knowledge, the information submitted on this Nomination is true and accurate.

PROFESSIONAL REFERENCE and LETTERS OF RECOMMENDATION – Submit **three (3)** letters from professional individuals who can confirm the basis for this individual to be submitted for this award nomination. *If submitting for AOSE, as well, a **separate set of letters** should be included with that entry and related to that criteria.*

All Nomination Criteria should be completed and emailed to cmsa@cmsa.org . *See checklist below of required documentation.*

Subject line should indicate the name of the nominee and the award category. (Ex: Joe Smith, CMOY)

CMOY Award Checklist

- Reviewed CMOY Award Criteria
- Completed Award Nomination Form
- Completed CMOY Application

- Email Curriculum Vitae
- Email **three (3)** reference letters

CASE MANAGER OF THE YEAR (CMOY) APPLICATION

Nominee Name: _____

CMOY Criteria	
<p>CMSA Membership:</p> <p>Current CMSA class “A” member type: Have been a member for five (5) years and currently in good standing:</p>	<p>Membership Type: Select</p> <p>CMSA Member: Select</p> <p>Dates of Membership:</p>
<p>Degrees:</p> <p>List academic credentials/degrees: (i.e., BSN, PhD, MD, etc...)</p>	<p>Academic Credentials:</p>
<p>Certifications:</p> <p>List any current national healthcare-related certifications: (i.e., CCM, CRC, CCP, etc...)</p>	<p>Healthcare Certifications:</p>
<p>CMSA Leadership Positions: CMSA National and/or Local Leadership: CMSA Officer/Board of Directors CMSA Committee/Task Force Chair CMSA Committee/Task Force Member</p> <p>List titles/positions, affiliation/organization, and term of office:</p>	<p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p> <p>Leadership Title: Affiliation: Select Year/Term:</p>

CMOY Criteria

	Leadership Title: Affiliation: Select Year/Term:
<p>Other Leadership:</p> <p>List leadership positions with other national, state, or local level healthcare organizations on Board, or Committee roles, as well as any advisory task force panels or national initiative programs.</p> <p>List title(s) and organization(s).</p>	Name of Organization: Position Title: Year/Term: Name of Organization: Position Title: Year/Term: Name of Organization: Position Title: Year/Term: Name of Organization: Position Title: Year/Term:
<p>Published Articles:</p> <p>List any case management articles authored within the past five (5) years in a nationally recognized professional journal.</p> <p>(Must be independent of nominee's job description).</p>	Name of article: List where Published: Year: Name of article: List where Published: Year: Name of article: List where Published: Year: Name of article: List where Published: Year: Name of article: List where Published: Year: Name of article: List where Published: Year: Name of article: List where Published: Year:

CMOY Criteria

Educational/Professional Presentations:

List any programs conducted at a national or local conference or seminar related to case management. List program name, organization, and type of event that were **presented within last five (5) years**.

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Level of Conference: **Select**

Organization:

Type of Event:

Date of Presentation:

OTHER Educational/Professional Presentations:

List any programs **NOT** at a conference or seminar but related to case management, providing academic/educational programs to case managers, healthcare professionals or other audiences (*i.e., academic course, meeting with public officials, training programs, etc...*).

List program name, organization, and type of event that were presented **within last five (5) years**.

CMOY Criteria

Name of Presentation:

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Organization:

Type of Event:

Date of Presentation:

Name of Presentation:

Organization:

Type of Event:

Date of Presentation:

Collaborative Practice Models:

Describe any collaborative practice models which were facilitated with interdisciplinary teams, including administrators and payors. These programs should be recognized for mentoring, inspiration of others to lead or become involved in case management along with nurturing growth and development in others.

Outcome Studies:

Provide a summary of how research findings were incorporated into clinical practice and/or how research was conducted to improve patient care or increase professional knowledge:

Provide examples of an outcomes study:

Tool of Measurement:

Share information on patient outcomes which are directly related to care rendered and how they are measured or assessed on a continuous basis:

Concept or White Papers:

List any activities of involvement with an advisory/task force to address barriers and/or write concept papers or white paper briefs. **Please include titles, dates, and a description:**

CMOY Criteria

Wide Reaching Programs:

Describe any programs developed based on common needs for clients, families, and/or communities, *including dates or timelines of programs*:

Cost Savings:

Provide summary of information from any reports used to measure cost savings provided by service interventions documented in standard reporting formats:

Clinical Teaching/Mentoring:

Describe any program overviews provided for clinical teaching/mentoring and any design or implementation of staff development activities:

Academic/Educational Programs:

Describe any academic/educational programs provided for case managers, health care professionals or other audiences. Explain the method of presentation.

Title:

Description:

Presentation Style: **Select**

Audience:

Other Information:

Date of Program:

Title:

Description:

Presentation Style: **Select**

Audience:

Other Information:

Date of Program:

Title:

Description:

Presentation Style: **Select**

Audience:

Other Information:

Date of Program:

Case Management Systems:

Provide overview and dates of any clinical case management systems designed, implemented and evaluated:

CMOY Criteria

Community Service:

List any community service initiatives which impacted the clients of case managers through the initiation or enhancement of a program (i.e., support group, etc...). ***Include dates or timelines of programs:***

Professional Groups:

List any involvement which significantly impacts communication with other professional groups. ***Include overview of involvement, information on other group, and dates or timelines of communications.***

Letter from the Nominator:

This is your opportunity to summarize to the awards committee why you feel this Nominee is deserving of the CMOY Award. Please create your letter in the text box below (or attach as a separate document with entry submission):