



Case Management Redesign: Stakeholder Vision Input

Care Providers of Minnesota

Care Providers of Minnesota is a non-profit membership association with the mission to Empower Members to Performance Excellence. Our 900 + members across Minnesota represent non-profit and for-profit organizations providing services along the full spectrum of care. We are the state affiliate for the American Health Care Association/National Center for Assisted Living, and with our national partners we provide solutions for quality care.

Roles played by members of your organization in case management

My members are primarily the provider of services to older adults.

The legislature identified eight goals that the Case Management Redesign Project should address. Please discuss or rank these goals as to their importance to your organization

1	Develop information for case management recipients to make an informed choice of case management service provider
2	Provide waiver case management recipients with an itemized list of case management services provided on a monthly basis
3	Establish rates for the service of case management that are transparent and consistent for all medical assistance-paid case management
4	Increase opportunities for choice of case management service provider
5	Develop a statewide system to standardize case management provider standards, which may include establishing a licensure or certification process
6	Develop reporting measures to determine outcomes for case management services to increase continuous quality improvement
7	Define the service of case management to include the identification of roles and activities of a case manager to avoid duplication of services
8	Provide guidance on caseload size to reduce variation across the state

Principles or values that should drive the case management redesign planning process

- a. Data driven decision-making
- b. Transparency on services, rates, performance
- c. Consumer-friendly: reduce duplication of services/functions; provide consumer-focused information; include consumer satisfaction as a quality metric

Changes that your members want to see in case management

- a. Reduce the duplication of functions i.e. follow-up case management for seniors discharged from a hospital setting often means multiple contacts by case management from the hospital, state “return to community” program, health plan and/or skilled nursing facility.
- b. Transparency in the case management assessments so providers of services can better meet the needs of individuals referred to them.
- c. Timeliness expectations delineated and enforced.
- d. Align quality measures with quality improvement initiatives underway in various related settings.

Main messages that your group wants to communicate to everyone involved in case management planning

Coordinate across the payers and care settings to ensure seamless and consumer friendly transitions of care.

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