

Case Management Redesign: Stakeholder Vision

Minnesota Council on Child Care Agencies (MCCCA)

Leaders in Quality Care for Troubled Youth. A professional association of therapeutic providers, MCCCA is a leading voice in maintaining and strengthening high-quality care and treatment for Minnesota's emotionally-troubled children, children with behavior problems and their families.

Roles played by members of your organization in case management

MCCCA members are providers of case management services: Children and Adult Mental Health Case Management; Child Welfare Case Management; Waivered Service Case Management.

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 Establish rates for the service of case management that are transparent and consistent for all medical assistance-paid case management: **We are concerned that with this it doesn't become more difficult for agencies to track and bill for services. There is also a concern that this doesn't decrease rates to agencies.**
- 2 Develop reporting measures to determine outcomes for case management services to increase continuous quality improvement: **We are currently using SDQ, CASII and Satisfaction Surveys. We would ask that an eye to cost be kept in the forefront.**
- 3 Define the service of case management to include the identification of roles and activities of a case manager to avoid duplication of services: **Some areas have a lot of clarity where others don't. Areas like Developmental Disabilities need more, especially when there are multiple case managers in place.**
- 4 Develop information for case management recipients to make an informed choice of case management service provider: **Providers question who would be responsible to provide and monitor this. Providers preference would be that one standardized list reside on the website that is accessible to all. How will consumers be informed of openings when making their choice? How will that all be kept manageable and relate to reimbursement rates if it is an additional something providers have to maintain?**
- 5 Develop a statewide system to standardize case management provider standards, which may include establishing a licensure or certification process: **Providers fear licensure or certification may reduce the workforce pool making it much more difficult to hire case management staff. Providers are also concerned that rigid standards will make the entire case management process less effective and far more cumbersome, as it is with CTSS.**
- 6 Provide waiver case management recipients with an itemized list of case management services provided on a monthly basis: **Providers are unclear what is meant by this statement and where the responsibility would lie to do this. Providers would have decision makers realize case management currently requires a high level of documentation and any increase in documentation would be burdensome.**

7 Increase opportunities for choice of case management service provider: **Providers believe there is adequate opportunities of choice in the Metro area: this appears to be more of an issue in rural areas. However there are questions around the how broad the meaning of choice being is used. Such as, there is also the concern of “choice” when providers do not have openings. Does choice include naming a specific case manager within an agency? If so, how will this be managed and acceptable to the state/auditing bodies? In rural areas and the metro does this mean choice across county lines? If so, that has potentially large fiscal implications for agencies and counties.**

8 Provide guidance on caseload size to reduce variation across the state: **We believe that the rule is clear.**

We would suggest two additional areas:

1. Streamlining the system and paperwork requirements. Making sure they are compatible with other service needs. Please give consideration to the inclusion of allowing providers to submit information from their EMR systems which may contain the requested information, but not appear in the exact form as it is on DHS/county forms.
2. Increase communication between providers of services. (so that needed documents and collaboration can happen)

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

Transparency, inclusiveness with all players, simplify and streamline. Client and family self-determination are important. Avoid language such as ‘case manager will ensure’ as case managers only provide options and cannot make a client or family follow through.

List the changes that your members want to see in case management, or the aspects of case management that they want to maintain

We would like to see the monthly rate continue but with a tiered system as each client need a different level of services to maintain and/or improve level of functioning. Maintain client choice and self-determination. There needs more clarity around clinical supervision as we hear from DHS that case management is not a clinical service, however, it requires clinical supervision. The DHS training also encourages using clinical language in the creation of the IFCSP. The state also requires case managers to do a level of safety assessment on clients – a clinical assessment depending on one’s point of view and interpretation.

List one or two main messages that your group wants to communicate to everyone involved in case management planning

Simplifying and streamlining requirements and paperwork could be helpful.

Providers believe the system is working well and would not be in favor of increase requirements accompanied by a decrease in reimbursement rates.