

## Case Management Redesign: Stakeholder Vision

### Minnesota Leadership Council on Aging

The Minnesota Leadership Council on Aging (MNLCOA) is a champion, thought leader, planner and educator that advances positive system change for older adults, their families and caregivers. The council focuses on creating communities and systems that support aging with dignity and a spirit of well-being in Minnesota.

#### Roles played by members of your organization in case management

MNLCOA's 24 organizational members represent recipients of services (AARP MN, Mature Voices MN, and Vital Aging Network), providers of aging services (Amherst H. Wilder Foundation, DARTS, FamilyMeans, Jewish Family Service of St. Paul, Lutheran Social Service of MN, Senior Community Services, Vision Loss Resources, and volunteers of America MN/WI), advocacy and trade associations (Alzheimer's Association MN -ND, Care Providers of MN, LeadingAge MN, Living at Home Network, MN Association of Area Agencies on Aging, MN Elder Justice Center, MN Gerontological Society, MN HomeCare Association, MN Medical Directors Association, and MN Network of Hospice and Palliative Care), as well as organizations committed to improving the care of older adults (Stratis Health and UMN Center on Aging).

#### 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.

We support the goals identified by the Minnesota Legislature. Each of the goals are important for different aspects of the case management system and as such we were unable to rank their importance.

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

#### List the principles or values that should drive the case management redesign planning process

We believe the case management redesign planning process should take into consideration:

The right to culturally appropriate services, including case management.

The right to age with dignity and autonomy, including the right to take informed risk.

Systems, including case management regardless of payer source, must be integrated, holistic and flexible to support the diverse, growing and changing needs of people as they age.

Case management occurs within the publicly funded Waiver system, but also through private case management vendors. Results from the redesign may impact these vendors and they should be included in conversations.

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

We look forward to continued conversations about specific changes related to case management. At MNLCOA's December 2015 Summit, participants were ready for action. It is time to move from fixing cracks in systems to creating innovations that effect large-scale change. To that end, two specific large-scale changes could include:

Redesign the financing systems to fund case management adequately for all older adults regardless of program eligibility.

Currently an older adult could have many individuals identified as a "case manager" including: transition case manager, health plan case manager, county case manager, housing case manager, etc. New case management guidelines should empower a single care coordinator/navigator that can work across systems to support older adults.

Case managers may be working to coordinate services within a care systems or across systems. MNLCOA recommends that case managers be required to disclose if/when their employer provides services that the case manager could potentially refer consumers to as part of their plan of care.

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

Over the years Minnesota has attempted to tackle the topic of case management redesign. Research shows that Minnesota has very high charges for case management versus other services an individual receives. A critical question that needs to be addressed is "what does it mean to receive case management?"

Not all case management is the same, some have different purposes. There is (1) case management which facilitates service delivery/transitions, (2) case management during a crisis, and (3) consumer directed case management.

We believe initiatives around the redesign of case management should:

Embed a culture of person-centered care and include caregivers in decision making.

Communicate across health care, long term care and community based care sectors.

Educate individuals and providers about the role of the case manager.

Foster a notion of individual and community responsibility and capability. If case management is to be truly person-centered, each person should understand his/her role.

Create structures that can implement change within the case management systems.