

## Case Management Redesign: Stakeholder Vision

### PrimeWest Health Senior Health Complete and Special Needs BasicCare Stakeholders

PrimeWest Health hosts stakeholder group meetings for our members. The purpose of these meetings is to give members, their advocates, and providers a chance to learn about their benefits and how to navigate the health care system. Members, advocates, and providers share their ideas, opinions, concerns, and suggestions about the services offered by PrimeWest Health. Input from the stakeholders group is used to help PrimeWest Health identify and put in place changes to provide better services to our members.

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

PrimeWest Health utilizes an interdisciplinary approach to ensure comprehensive and holistic care management services for our members.

#### ***Member/Caregiver/Family/Responsible Party (guardian, power of attorney holder, etc.)***

The member plays the central role in the care management structure along with his/her caregiver, family, and/or other responsible parties. Their responsibilities are to participate in Health Risk Assessments, participate in the development of the care plan, be an active member of the care team, and communicate the member's needs to providers and the county case manager and/or PrimeWest Health care coordinator as they arise.

#### ***County Case Manager (CCM) or PrimeWest Health Care Coordinator (CC)***

The CCM/CC is responsible for ensuring that an annual Health Risk Assessment (HRA) and care plan are completed and that any identified needs are addressed using a person-centered approach. CCM/CCs are the communication hub of the care management process and ensure that members of the care team are kept current with any significant changes and transitions of care and have a copy of the most current care plan. CCMs/CCs conduct the HRA, collaboratively develop the care plan, assist with scheduling/attending medical appointments, provide education, and assist the member/caregiver with navigating the health care continuum.

#### ***Primary Care Provider***

The primary care provider plays a critical role in the care management process as he/she provides continuous care to the member. Responsibilities include coordinating the member's care in collaboration with the member/caregiver, CCM/CC, and other providers involved in the member's care; contributing to the care plan; and providing input for any care management meetings for the member.

### **Other Providers**

All providers share the responsibility for ensuring that the member's needs in relation to their designated specialty or license are met. Responsibilities include updating the care management team about the member's current status, as requested, and providing input to the care management process for the member, as requested.

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

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

- Strengthen and maintain the ability of members to develop the skills to manage and improve their lives
- Improve members' ability to participate and interact within the community
- Use a person-centered, strength-based approach in all planning activities
- Practice collaboration and teamwork to ensure comprehensive holistic care
- Strive for efficient and effective delivery of service

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

- Improve resource management – sometimes there are not enough services and sometimes there are too many people trying to manage their lives
- Increase the level of frequency of visits

- Streamline the number of case managers – when there are too many case managers, the members get confused about who is doing what (e.g., waiver, Mental Health Targeted Case Management [MH-TCM], financial, health plan, etc.)
- Align case management timelines to align better with person-centered planning activities

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

The effort to redesign Medical Assistance case management that is being embarked on by the Minnesota Department of Human Services was presented and discussed at the May PrimeWest Health Stakeholders meeting. The purpose of the redesign was reviewed and presented to the group as a way to increase and/or improve consumer choice, improve quality and accountability, and streamline funding. The main message from the group in response to the presentation was the importance of ensuring that case management services are transparent and that outcomes are always member focused. They would like to ensure that members are receiving services that are based on individual member needs and that the choice of services is driven by the members and/or their caregivers.