

Case Management Redesign Initiative

Summary and Planning Framework 2017-2019

Background

There are several types of case management services in Minnesota, each with its own provider requirements and funding arrangements. The Minnesota Legislature has directed the Department of Human Services (DHS) to redesign case management funded by Medicaid (called Medical Assistance in Minnesota) to:

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

Legislative reports

DHS submitted legislative reports on the redesign of Minnesota's case management system in [2014](#), [2013](#), [2011](#), [2008](#), [2007](#), [2005](#), [2003](#), [2000](#), [1994](#), [1993](#) and [1991](#). These reports provide historical perspective on the significant improvements in Minnesota's service delivery system in the past 25 years (for example, increased federal funding for case management, broader availability of case management services, and streamlining of the assessment and intake function). Case management redesign efforts build upon the work outlined in the various reports.

The 2013 report to the Legislature, [MN Case Management Reform](#), described the effort to redesign all types of case management services (CM redesign) within multiple divisions at DHS. The [2014 report](#) outlines additional work that is required to consolidate the definitions, activities, standards and rates where appropriate for case management services. Significant work remains in order to make the system more responsive to people who need these services. Barriers to implementing such a plan have included the sheer complexity of the case management system, the high stakes involved due to the importance of case management, the financial implications of changes and the difficulty of crossing institutional boundaries to create a unified vision (both within DHS and across the stakeholder community).

Information gathering phase

In 2015, DHS determined that it would re-engage in case management planning and established an "information gathering phase." The goal of the information gathering phase was to work through identified barriers that have hindered past planning efforts and set the stage for the development and implementation of a framework for case management redesign. The work included the following objectives:

- Analyze and formulate past work so that DHS can leverage past efforts by identifying points of agreement and laying out issues that still need to be resolved.
- Strengthen relationships with partners and stakeholders through respectful engagement and clear communication about how their input is being used.
- Facilitate DHS leadership alignment in order to develop a planning roadmap for case management redesign with agreement on a unified vision.

Key activities of the information gathering phase included:

- The development of a case management redesign [background document](#) that includes a summary of past legislative reports, a draft vision and values for the planning process, a preliminary discussion of equity, and an overview of the funding structures for case management.
- Collection of stakeholders' position papers and vision statements on case management.
- Focus groups, interviews, surveys and a one-day workshop (January 2017) in order to further engage people we serve, family and caregivers, Tribal and county partners, providers, and other stakeholders.

Medicaid-funded case management in Minnesota

Medical Assistance pays for case management under a variety of services and programs in Minnesota. The scope of the case management redesign initiative will include:

- Waivered case management, including:
 - Community Alternative Care (CAC)
 - Community Access for Disability Inclusion (CADI)
 - Developmental Disabilities Waiver (DD)
 - Elderly Waiver (EW)
 - Brain Injury (BI)
- Rule 185
- Adult mental health targeted case management (TCM)
- Children's mental health TCM
- Vulnerable adults TCM
- Developmental disability TCM
- Child welfare TCM
- Relocation services coordination TCM
- Alternative care

Planning framework for 2017-2019

Case management redesign will focus on annual, achievable steps toward long-term goals that will build on points of agreement and address state and federal policy changes as they arise. To achieve this, DHS, county and Tribal partners will lead efforts to:

- Create a planning infrastructure to support a long-term, collective approach to case management redesign.
- Document the current county, state, and Tribal fiscal infrastructure involved in delivering case management services.
- Build upon past work to solidify a universal definition of case management and core set of activities to include in a base case management benefit.
- Ensure community and civic engagement in the development of policies.

Create a planning infrastructure to support a long-term, collective approach to case management redesign

DHS and Tribal and county partners recognize that case management redesign planning work is a significant undertaking that will require collective leadership to ensure continued momentum and success. DHS, the Minnesota Association of County Social Service Administrators and Tribal partners, identified in this document as the case management redesign partners, have agreed to the following structure for ongoing oversight of the work.

Case Management Redesign Leadership Alignment team

The Leadership Alignment team includes the DHS deputy commissioner; assistant commissioners from Children and Family Services, Community Supports and Continuing Care for Older Adults; the Medicaid Director; representatives from the American Indian Joint Advisory Councils; and the Minnesota Association of County Social Service Administrators/

county leadership. This single, collective Leadership Alignment team will work toward a shared vision and collective oversight of the work, using this shared approach:

- All members will engage in collective leadership in case management redesign, within the context of a state-supervised, county-administered system.
- All members are responsible for the success of the work and are committed to supporting the work with time and resources.
- All types of Medicaid-funded case management are included in the scope of the redesign efforts. This includes case management services that have been authorized by not yet designed such as home care case management.

Case management redesign partner team structure

A project management structure was put into place to allow for co-leadership among DHS, county and Tribal partners. The infrastructure among the three partner groups will include:

- A project management team
- Medicaid division directors
- A financial team
- A policy team
- A DHS Tribal/urban case management redesign team

Stakeholders

In order to be successful, the case management redesign process must include the diverse perspectives of providers, managed care organizations, the people we serve and others who are impacted by or involved in case management services. We must also build upon the decades of work that has already been done and informed by stakeholders.

As an initial step in this process, DHS released a broad call for participation to gather information about who wants to participate in case management redesign efforts. DHS staff identified three initial potential options for people to participate:

- 1) Staying informed as a community of interest
- 2) Acting as a subject matter expert to review and provide feedback on materials developed during the case management redesign work
- 3) Participating in a future work group.

The call for participation received more than 300 responses, representing a wide range of roles, experiences and interests. Nearly 150 people indicated an interest in being subject matter experts or on a work group, showing the wide range of interest across the state.

The next steps in stakeholder engagement:

- DHS will send regular updates through the case management redesign listserv. People that are interested in receiving updates can sign up [here](#).
- The case management redesign partners (DHS, county and tribal leaders) will:
 - Meet with existing stakeholder groups during the fall of 2017 to provide an overview of the planning framework and an overview of what has been accomplished to date.
 - Consult with a representative subset of stakeholders to finalize an engagement plan to ensure stakeholders and communities are involved at key decision points throughout the initiative. The goal is to structure engagement in a way that includes a variety of perspectives across all types of Medicaid-funded case management. The initial call for participation reflected a strong desire by a large number of people to be involved in the case management redesign work. In order to effectively do this, DHS will initially use existing groups and opportunities to connect with stakeholders, identify opportunities for

subject matter experts to review materials throughout the process and develop a framework for the creation of workgroups as the needs arise.

Document the current county, state and Tribal fiscal infrastructure involved in delivering case management services

DHS will contract with a vendor to document and comprehensively describe the finances currently associated with administering and providing Medical Assistance-funded case management services. This will include a description of the funds counties use when services are provided by a contracted provider and funds used to provide similar case management services when someone is ineligible for Medical Assistance.

The description will include rates, costs associated with the delivery of case management; identification of revenue sources such as reimbursements; grants, local share, and other funding. The vendor will then use the information gathered in the comprehensive description, among other sources, in order to model a universal rate for a base set of core case management activities and develop and use fiscal modeling to compare the new rate to the current payment structures and rates. The financial modeling will include an assessment of potential financial impact across counties throughout the state. [Read more about this work.](#)

Build upon past work to solidify a universal definition of case management and core set of activities

Minnesota's case management system has different expectations of a case manager depending on the type of case management being provided and the focus of the services. The Legislature has directed DHS to propose an integrated vision for case management to help people receiving services understand what they can expect from case management and help reduce duplication of services.

The [2014 legislative report](#) outlined additional work required to consolidate the definitions, activities, standards and rates where appropriate for case management services. DHS included stakeholders from all types of case management services provided in Minnesota for the report. There was general consensus regarding the definition and activities of case management, the training required for case managers, providing choice of service provider, and standards for case managers and provider agencies.

The Centers for Medicare and Medicaid Services generally defines case management services as activities that are designed to help the person gain access to needed health, social, educational, vocational, and other necessary services and supports. The 2014 legislative report include the following recommended service definition for all types of case management services except child welfare TCM and vulnerable adult TCM (for those two services, the federal definition applies).

“Case management is a service that provides a person with access to assessment, planning, referral, linkage, plan monitoring, coordination and advocacy in partnership with the people we serve and their family. A case manager assists with access to and navigation of social, health, education, vocational and other community and natural supports and services based on the person’s values, strengths, goals and needs.”

The activities identified in this definition have been described as follows based on state and federal definitions:

- **Assessment:** Written assessment based on discussion with the person who receives services and the person’s support system and providers; an assessment of the needs, strengths, skills, culture, safety considerations, current resources and supports, and goals. Periodic updates are made to the assessment.
- **Plan:** Written plan developed with the person receiving services that describes the person’s goals, services and supports needed; steps to be taken to accomplish and support the goals; and responsible participants. Periodic updates are made to the plan.
- **Referral and linkage:** Connections to services and supports to accomplish the goals of the person receiving services.
- **Monitoring and coordination:** Monitoring the effectiveness of the plan and services and support to assist the person receiving services to accomplish the goals. Coordination with service providers and community supports and resources, with or on behalf of the person receiving services to assure the success of the plan.

- **Advocacy:** Advocacy with or on behalf of the person receiving services to intervene in case of problems with miscommunication, access to services and supports, discrimination, or lack of resources.

The Case Management Redesign Policy team will build upon this past work to solidify a universal definition of case management and a core set of activities. This universal set of core activities will be expanded upon to reflect variation in a population's needs and professionals needed to deliver services.

The Medical Assistance program currently covers several types of case management, care coordination and care management services through fee-for-service, managed care and some provider-based models that have different definitions and provider standards for similar services. It is essential to understand the overlap and intersection of these activities provided through other service models, such as special needs basic care and behavioral health home services. Therefore, the policy team will also catalog how case management, care management and care coordination services are currently defined, the activities performed under each and how they intersect with one another.

Ensure community and civic engagement in the development of policies

The Case Management Redesign Leadership Alignment team is committed to ensuring that the people we serve, families and caregivers, providers, and other stakeholders are engaged in the process. The redesign partners will create an engagement plan that aligns with the DHS equity policy, and will use the [Governor's strategic plan for community and civic engagement](#) as a platform to ensure meaningful engagement in the work.

Examples of strategies that will be used, as resources become available, to engage communities include:

- Use cultural liaisons to develop relationship with communities.
- Use staff that are trained in authentic engagement and that have awareness of their own cultural competence.
- Plan a variety of opportunities to learn from the people we serve, such as community meetings and listening sessions held in places and during times that best fit with the community's needs.

Key next steps (as of August, 2017)

- DHS will post a Request for Proposals for a vendor to document and comprehensively describe the finances currently associated with administering and providing Medical Assistance-funded case management services and to model a universal rate for a base set of core case management activities.
- The Case Management Redesign Policy team will develop a plan to gather and incorporate feedback into the universal definition of case management and core set of activities.
- DHS will send regular case management redesign updates through the case management redesign email distribution list. Stakeholders may sign up for the email updates [here](#).
- The case management redesign partners will work with a representative subset of stakeholders to finalize a stakeholder engagement plan. The goal is to build upon work that has already been done and informed by stakeholders while ensuring all perspectives are included in ongoing phases of the work.