

Case Management Redesign: Stakeholder Vision

Metropolitan Center for Independent Living

We are a group of 8 contracted CADI case managers through Hennepin County. We have been case managers for a range of 3 months to over 3 years. We have caseloads of about 45 and serve adults with a combination of physical disabilities, mental illness, and chemical dependency. We meet with our client in their homes a minimum of twice per year.

Roles played by members of your organization in case management

Our group has played the role of providing case management services.

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) Define the service of case management to include the identification of roles and activities of a case manager to avoid duplication of services

There seems to be overlap in roles and activities amongst the various case managers and care coordinators. In particular, we find that CADI case management often overlaps with SNBC care coordinators. It would be helpful if the different roles were more clearly defined and that steps were taken to reduce duplication of services.

2) Develop information for case management recipients to make an informed choice of case management service provider

We feel that recipients don't have enough information about their choices in regard to case management providers. An increase in their ability to select a provider is important to us.

3) Develop a statewide system to standardize case management provider standards, which may include establishing a licensure or certification process

We feel that implementing case management provider standards could decrease the turnover, increase potential for quality, and elevate the importance of case management.

4) Provide waiver case management recipients with an itemized list of case management services provided on a monthly basis

Clients can often be confused about what case managers do in the time they are billing for them. An itemized list would decrease the ambiguity of the case management roles, tasks and billing for consumers.

5) Increase opportunities for choice of case management service provider

This goes along with #2. Informing clients and providing them opportunity to choose their case management provider seems critical.

6) Develop reporting measures to determine outcomes for case management services to increase continuous quality improvement

We are unsure what these reporting measures would look like and are concerned about the increase in paperwork if it doesn't directly benefit clients.

7) Provide guidance on caseload size to reduce variation across the state

Since we are located in the metro area we are not as affected by the variance in case load sizes. We feel keeping case load sizes below 50 is best for continuity of care and sustainability for case managers.

8) Establish rates for the service of case management that are transparent and consistent for all medical assistance-paid case management

We are unaware of how other medical assistance-paid case management programs' rates are set or what the current variance is.

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

We believe case management should be based on a person-centered approach and mindset. We want case management to remain relationally focused, as we feel that is the added value we bring in comparison to other types of providers. We appreciate that case management currently allows room for the "whatever-it-takes" approach when it is appropriate. We wouldn't want to see case management become a more hands-off service that has parameters that limit our ability to meet clients where they are at. We view our role as someone who works diligently to ensure our clients' needs are met.

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

We perceive that too much of our time is spent on administrative tasks, which are a result of the limited autonomy provided by Hennepin County to contracted agencies. We would like the ability to authorize services directly to MMIS and to complete our own annual reassessments. We feel these changes would increase our quality of service to our consumers.

We would also like to see the assigned waiver case manager for each consumer be through the county they are residing in. We find it difficult to serve consumers in other counties due to the distance to travel and the lack of knowledge about the resources in those counties. We've noticed that behavioral health case management is linked to the county of residence and we feel it would be helpful if waiver case management was similar.

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

Our group wants to acknowledge the importance of this redesign planning process. We understand and see areas in which case management can improve, particularly in reducing duplication of services, but also want to elevate the important work that case managers are doing. For many of our consumers, their case manager is their go-to person. They often don't have anyone to turn to when in an emergency such as losing their housing or experiencing a mental health crisis. We care about our clients and want to see them living as independently as possible and reaching their goals. We hope all changes will be considered through this lens.