Case Management Redesign

**PLAN FOR 2018-2019**

**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.

**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 crosses many administrations within DHS and includes:

- 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
Case Management Redesign plan for 2018-2019

- Child welfare TCM
- Relocation services coordination TCM
- Alternative care

Focus for 2018-2019

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 are leading 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.

Why are we starting here?

The case management redesign initiative is starting with these four efforts as the foundation of the work because:

- 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.
- A consistent and dominant theme that resonates regardless of setting, topic of discussion or method for gathering feedback has been the need to understand the current Tribal and county fiscal infrastructure in delivering case management services. There needs to be a transparent understanding of the current fiscal roles and responsibilities of the Tribes, counties and State to model potential impacts on financing and the cost of implementing any changes to the service delivery model of case management.
- 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. Developing a more uniform definition across types of case management could help achieve that goal.
- The work will only be successful if it is informed by various stakeholders, including people receiving services, families and caregivers, providers, payers, and others that are impacted by case management services. This includes DHS’s commitment to ensuring authentic engagement of Tribal representation in all discussions related to case management redesign.

Building on past work

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 works remains to make the system more responsive to people who need these services.

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.

The approach to this phase of case management redesign was directly informed by the identified barriers to the success of past planning efforts as well as areas of agreement about the next phase of planning.

Identified barriers to the success of past planning efforts

- High stakes
- Unequal financial risk
- Role of counties
- Role of Tribes
- Rate-setting complexity
- Rate-setting transparency
- Wrong people in the room
- Difficulty of designing a do-able project
- Lack of “big picture” understanding
- Lack of unified vision within DHS

Points of agreement about the next phase of planning

- Build on past work
Case Management Redesign plan for 2018-2019

- Satisfy CMS\(^1\)
- Fix immediate problems where possible
- Adopt a realistic timeline
- Align with Olmstead planning
- Consider other changes already being implemented

This phase of the redesign effort is starting with considering the two foundational recommendations, as indicated in the 2014 legislative report. These areas are:

- Adopt a common definition across all case management service types and
- Establish transparent and consistent case management rates.

As the report indicates, there are a number of steps that need to occur to consider the implementation of these recommendations.

**Adopt a common definition**

A core issue that was identified in the 2014 legislative report is the need to determine if it is possible to construct a common platform defining all case management service types and activities.

In order to determine the feasibility of this, the case management redesign will focus on the following activities:

- Gather direct input from the people who receive services, their families, and case managers. This includes a specific focus on engaging with Tribal Governments and Tribal representatives.
- Create an initial design team to draft an initial design for case management services which will be vetted with stakeholders throughout the process and after an initial design is created. The design will include:
  - Goals and outcomes
  - Eligibility
  - A uniform set of activities for all case management services:
    - Assessment
    - Planning
    - Referral
    - Monitoring
  - Roles and responsibilities of case managers
  - Qualifications and training of case managers
  - Discharge criteria
- Determine a process for expanding upon the uniform core services to reflect variation in a population’s needs and expertise needed to deliver the services.

\(^1\) On 12/18/13, CMS sent a letter to DHS saying that the rate-setting for mental health targeted case management is problematic because 1) the bundled payments make it possible that payments for some services that are not covered by Medicaid (for example, room and board) could be made; 2) county-negotiated rates (to private providers) do not demonstrate a uniform, state-wide rate setting methodology approved by DHS; and 3) federal law requires direct payment to the provider of the service and the current State Plan’s method for dividing up payments among a team of contracted vendors may not meet that requirement. Legislation passed during the 2017 legislative session related to mental health targeted case management that required DHS to submit an amendment to the Medicaid state plan. As a result, CMS has raised concerns in a letter sent to DHS on 12/27/17 regarding case management, specifically related to county-negotiated rates. The Case Management Redesign Leadership Alignment team approved a draft timeline to submit to CMS as an initial response to their concerns.
Case Management Redesign plan for 2018-2019

- Understand how case management services intersect with care coordination and care management. This includes cataloguing the following information for case management, care management, and care coordination services:
  - Definitions
  - Authority
  - Financing
  - Activities
  - Intersection between the services

As changes to the current case management systems are proposed, the case management redesign project management team will:

- Conduct detailed policy and fiscal analysis across all service areas in order to determine potential implications,
- Map changes needed to state policy and state plan or waiver authorities, and
- Ensure changes continue to meet federal requirements.

Establish transparent and consistent case management rates

As per the legislative report: “It was determined that any changes to the case management reimbursement system would take a great deal of financial analysis and implementation planning. The impact of changing the funding system needs to be discussed and evaluated before a rate that is consistent and transparent for all case management can be determined.”

To begin the needed financial analysis, the DHS has a contract in place with Navigant Consulting, to do the following:

- 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.
- Develop models for a potential universal base rate for a core set of case management services and compare models to the current payment structures and rates to assess potential impact.

DHS and partners will use the information developed from the contractor to inform decisions on next steps in the rate development work.

Stakeholder and community engagement

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.

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 have created an engagement plan that aligns with the DHS equity policy and uses the governor’s strategic plan for community and civic engagement as a platform to ensure meaningful engagement in the work. We will structure engagement in a way that includes a variety of perspectives across all types of Medicaid-funded case management.

Examples of strategies that will be used, as resources become available, to engage stakeholders and communities include:
Case Management Redesign plan for 2018-2019

- Consult with existing stakeholder groups throughout the process of designing future core set of case management services.
- 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.

Other important policy areas to address

The 2014 legislative report included other key policy areas to be addressed including choice of case manager, caseload size, and informed choice. The case management redesign work will include an analysis of these policy areas in addition to the development of the core set of case management services and financial analysis.

Please email dhs.cmredesign@state.mn.us with any comments or questions.
Case Management Redesign plan for 2018-2019

Case management Redesign Timeline

* This will include developing statutory requirements to implement the methodology.

March 2018