Case Management Redesign Overview

Background

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

Tribal and county partners, together with stakeholders, have been working with DHS to address these issues. DHS partnered with multiple stakeholders beginning in 2012 to address the legislative mandate. As a result, DHS submitted a legislative report in 2013 describing the effort to redesign case management services within multiple divisions at DHS. In 2014, a subsequent report outlined additional work required to consolidate the definitions, activities, standards and rates (where appropriate) for case management services. For more detail about past work, please review the Case Management Redesign Background document and the Legislative Report on MN Case Management Reform, February 2014, revised June 2014.¹

MA pays for case management under a variety of services and programs in Minnesota. The scope of the case management redesign initiative includes:

- Waivered case management:
  - Brain Injury (BI)
  - Community Alternative Care (CAC)
  - Community Access for Disability Inclusion (CADI)

Planning framework

In 2015, DHS established the Leadership Alignment team made up of leadership from DHS, counties and tribes. This team began gathering and reviewing information to help recommend next steps in the redesign initiative.

Building on these recommendations, DHS has worked in partnership with tribal and county leadership to:

- Create a planning infrastructure to support a long-term, collective approach to case management redesign.
- Build upon past work to solidify a foundational definition of case management services and activities.
- Document the current county, state, and tribal financial infrastructure involved in delivering case management services.
- Engage with people, families, and communities, and use their input to directly inform policy decisions.

In addition to the Leadership Alignment team, the DHS Office of Indian Policy and DHS tribal liaisons are working closely with tribal nations, the American Indian Advisory Councils, and community providers serving Urban Indians to develop legislative recommendations.

The case management redesign initiative includes close partnership with communities and stakeholders. In addition to community engagement events and stakeholder meetings, DHS staff meets on a regular basis with existing community and stakeholder groups that were created to advise DHS. These groups include:

- County-State Work Group
- Cultural and Ethnic Community Leadership Council (CECLC)
- DHS/MCO Behavioral Services Divisions Coordination Group
- HCBS Partner Panel
- Medicaid Services Advisory Committee
- Mental Health Services Improvement Work Group
- MN Council of Health Plans Behavioral Health
- Tri-Annual MCO meeting

Current status and next steps

Foundational definition of case management

The initial design team was established in February 2018 to draft a foundational definition of case management and create standards around the delivery of the service. The guiding principle of this work is to ensure consistency in what everyone can expect and rely on when receiving any type of MA-funded case management service.

The initial design team was made up of people representing counties, managed care organizations, case management service providers, family members of people receiving case management services and DHS staff. DHS shared the completed draft service design broadly and encouraged people to share their input via online survey, phone or email. The draft service design is available on the DHS website, along with a separate high-level summary.
To ensure that people receiving services were well represented in the design, DHS worked with community partners to host conversations with people across the state. These conversations informed the initial design, and DHS has planned a series of additional community engagement events in order to make sure people receiving services have the opportunity to review and provide feedback on the draft service design.

Next steps for the foundational definition of case management

The initial design team and DHS will use community and stakeholder feedback to update the draft service design. DHS will share the updated version for additional community and stakeholder input, and continue work with tribal nations and the American Indian advisory councils to gather input and recommendations. The draft service design document will inform the development of a future legislative proposal.

DHS will also work in partnership with tribes, counties, communities and stakeholders to create recommendations related to caseload size, eligibility criteria, and to identify areas where foundational policies and expectations need to be expanded upon to reflect the needs of a specific population, expertise needed to provide the service to a specific population or to meet federal requirements for specific service areas.

DHS is working with Management Analysis and Development at Minnesota Management and Budget to develop a plan for identifying and measuring outcomes related to case management services. We will do this in close partnership with communities and stakeholders.

Financial analysis

DHS established a case management redesign finance team, with representatives from DHS, counties, and the American Indian Advisory Councils, to inform the financial analysis. DHS contracted with Navigant Consulting to:

- Document and comprehensively describe the finances currently associated with administering and providing Medicaid-funded case management services.
- Develop models for a potential universal base rate for a foundational set of case management services.
- Release a cost survey tool to inform rate development.
- Analyze potential impact of future payment structures.

Next steps for financial analysis

DHS will continue to work closely with tribes, counties, communities and stakeholders to inform the financial analysis.

Community engagement

In January 2017, DHS adopted a policy on equity directing staff to incorporate equity analysis into the development of all policies, and to authentically engage people from different cultural and ethnic communities before policy decisions are made. An equity analysis is a review of the impact of proposals, policies and programs on various populations, with a focus on communities experiencing inequities.

In commitment to this equity policy, DHS has made community engagement a core priority of the case management redesign initiative and is focusing on engagement with on historically disenfranchised communities, including communities of color, American Indians, LGBTQ, and individuals with disabilities. The experiences and perspectives of people, families and communities will inform decisions, program and policy development, implementation and evaluation.

---

For the purpose of case management redesign, “community” refers to:

- People served by DHS programs and services and their family members, caregivers and support systems
- People that do not currently receive case management services but may be eligible
- Community leaders, organizations, and the people they serve

**Approach to community engagement**

DHS is using the following strategies for community engagement:

- Partnering with community organizations throughout Minnesota to host community events. (See map below for events to date).
  - For each event, DHS gives attendees food and a gift card, and the community organization coordinates outreach and advises on how to structure the conversation.
- Collaborating with local organizations to identify opportunities to hear directly from the people they serve.
- One-on-one conversations with community members.
- Engaging with tribal nations and community-based organizations that support American Indians in the metro area and rural Minnesota.
- Surveys to gather feedback from people receiving services.

**Community engagement events, as of January 2020**

- **Crookston**: November 19, 2018
- **White Earth Nation**: September 12, 2018
- **Willmar**: November 8, 2018
- **Fergus Falls**: October 16, 2018
- **Bemidji**: November 14, 2018
- **Leech Lake Band of Ojibwe**: November 15, 2018
- **Duluth**: May 23, 2019
- **Cloquet**: May 16, 2019
- **St. Cloud**: December 4, 2018
- **Metro**: Aug 8, Aug 27, Nov. 29, 2018; Feb 28, May 2, May 21, Oct 19, Oct 22, Nov 1, Nov 4, Nov 24, Dec 7, 2019
- **Metro**: Ongoing
- **Rochester**: May 15, 2018
- **Austin**: October 2, 2018
So far, in the Twin Cities metro area, community events have been held in partnership with:

- The Minnesota Brain Injury Alliance
- Comunidades Latinas Unidas en Servicio (CLUES)
- Dakota County Advisory Council
- DHS Youth Advisory Council
- North Point Health
- Partnerships for Permanence
- Volunteers of America
- Wilder Foundation

Next steps for community engagement

True community engagement is more than a single conversation. DHS staff will continue to prioritize community engagement throughout the redesign initiative and will:

- Work with community partners to plan additional events with people, families, and communities.
- Ensure that the experiences and perspectives of people, families and communities inform decision-making, program and policy development, implementation and evaluation.
- Circle back with communities to tell them how their input was used and get their feedback on next steps.

Legislative plans

Implementing the case management redesign initiative will require legislative changes. Tentative plans for future legislative sessions include:

**2021 legislative session**

- Finalize the foundational service design for case management as a Medicaid service.
- Consolidate targeted case management (TCM) statute to align with the foundational definition.
- Establish a payment methodology and rates for service delivery and county administrative oversight.
- Redefine target populations under federal TCM authority, utilizing broader eligibility categories.

**2023 legislative session**

- Focus on waivered case management

Contact

Your input is essential to the success of this initiative. Please email dhs.cmredesign@state.mn.us with any questions or feedback.

If you would like additional information or would like to receive email updates, please visit the DHS case management redesign website at https://mn.gov/dhs/case-management-redesign.
Attention. If you need free help interpreting this document, call the above number.