

Case Management Services

Steering Committee

August 19, 2009

Minutes

Attendees:

Phillip Hardin	Susan Osborne	Teresa Piezzo	Michael Howard	Kevin Kelley
Adeline Williams	Belinda Pettiford for Joe Holliday	Deborah Carroll	Fred Waddle	Amy Smiley
Thomas George	Vivian Leon	Nancy Warren	Sabrena Lea	Debbie Pittard
Christina Carter	Angela Holcomb	Catherine Goldsmith	Tara Larson	Julia Simmons
Angela Suggs	Cathy Johnson	David Richard	Karen Boyette	Donna Marple
Patti Forest	Alene Watson	Jim Jarrard	Julie Sinclair	Chris Collins
Craigan Grey	Sam Bowman Fuhrmann	Foster Norman	Shannon Jones	Robert Williams
Kenny Burrow	Lea Anne McTavish	Lisa Moore	Suzanne Merrill	Beverly Bell
John Rouse				

Minutes

Tara Larson, DMA's Chief Clinical Operating Officer, led the meeting.

ADMINISTRATIVE EFFICIENCIES

Members were asked to send in administrative policies and procedures that they did not believe added value to the program. There were all compiled into a list and summarized. The committee reviewed and discussed the issues.

Treatment Plans

The committee supported having a simple document that could be used across programs and funding sources for treatment plans. DMA agreed to take the lead on this deliverable. This will also include documentation requirements and signatures.

Method of Paying and Billing

A recommendation was to allow DME providers to bill directly for waiver (and regular) supplies. DMA agreed to look into making this change.

DMA will also be looking at the payment methodology to include limits on rates and units. However this will not be completed within the next month because at this time the rate setting staff is working on other legislative priorities.

Face to Face Visits

The committee discussed wanting flexibility with this requirement and only having to visit the client based on need. There was discussion as to what constituted need and the concern that providers would not do visits if not required to save on transportation cost. It was pointed out that transportation costs are calculated in the rate. It was agreed that there needed to be a standard requirement across programs for when face to face visit is required and that the requirement might be different based on whether you were a 'general' case manager or a 'specialized' case manager.

	<p>Training Discussed need for training on how to do hands on case management. Auditing shows that the paperwork is completed correctly but now what actually happened with the client. We may need to look at what is being monitored and the expected outcomes. It was pointed out that training time is built into the rates.</p> <p>GRID- PROVIDER QUALIFICATIONS AND CASE MANAGEMENT FUNCTIONS Now that we have consensus on the definition of case management and agreed to simplify the paperwork, we need to determine the caseworker qualifications. In looking at the grid, one can see that there are many different rates and various qualifications required. Why?</p> <p>A subcommittee is going to work on the Knowledge, Skills, and Abilities a case manager needs and submit at the next meeting. The subcommittee members are: Dave Richards, Lea Anne McTavish, Adeline Williams, and Sam Bowman Fuhrmann.</p> <p>Data One of the handouts is the responses received on the data agencies collect and how it is used. Debbie was asked to head a subcommittee to discuss how data that is collected by various agencies can be used to affect quality and outcomes. The group is to answer the following 3 questions:</p> <ul style="list-style-type: none"> ➤ Is the data worth continuing to gather? Is it needed? ➤ Is it useful and if so how? ➤ Could it be replicated across other programs? 	
Assignments	<ul style="list-style-type: none"> ▪ DMA working on simplifying treatment plans into one document ▪ Due to Debbie by COB August 24 -- KSA's required of a case manager. ▪ DMA coordinating a subcommittee to look at data and bring screen shots to the next meeting so committee can see kinds of data collected. 	
Parking Lot	<ul style="list-style-type: none"> ▪ Quality of case manager ▪ Provider requirements ▪ Family education ▪ Rule modifications ▪ Specialty case management ▪ What does person centered look like for case management? ▪ Which services will require National Accreditation or National Standards of Care ▪ Review of data that is currently being collected. ▪ Staff qualifications – degreed vs. nondegreed ▪ Different tracks to achieve desired outcomes ▪ What does it take to get into a program? 	
Next Meeting and Agenda	<p>August 26, 2009 2:00-5:00 Room 297 Kirby Conference Line 1-866-751-5726 Room Code: *5323665*</p>	<p>AUGUST 11 AGENDA</p> <ul style="list-style-type: none"> ▪ Knowledge, Skills, and Abilities for Case Manager ▪ Data discussion ▪ Specialty Care Management