



Successful Transitions for People with Developmental Disabilities:

A Report of the NCIOM
Task Force on Transitions for
People with Developmental
Disabilities

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North Carolina
Institute of Medicine

A report requested by the
North Carolina General Assembly



Recommendation 6.7: Improving the Quality of Case Management Services (PRIORITY RECOMMENDATION)

- a) The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), in collaboration with the Division of Medical Assistance (DMA) and other stakeholders, should establish clear accountability standards for case managers. The standards should be designed to improve outcomes for the people with intellectual and other developmental disabilities (I/DD) served and should help to improve retention of qualified case management staff. As part of the plan to ensure accountability of case managers, DMHDDSAS should:
- 1) Examine the current training, oversight, and supervision requirements for case managers and make recommendations for how case management services can be improved. DMHDDSAS should identify and approve competency-based curricula that will ensure that people who have successfully completed the curriculum have demonstrated case management proficiencies for working with people with I/DD.
 - 2) Examine the option of instituting credentialing standards for case managers who have achieved certain competencies. The credentials should be portable between agencies serving people with I/DD.
 - 3) DMHDDSAS and DMA should ensure that case managers who are working with people with a dual diagnosis of mental illness and developmental disabilities are cross-trained and have specific competencies in both mental health and developmental disabilities.
 - 4) Explore the option of requiring agencies that employ case managers to be licensed and demonstrate that their case management staff receive appropriate training and supervision, and that the agencies are in compliance with the state's accountability standards.
 - 5) Examine different models of delivering case management services to ensure the competency, independence, and accountability of case managers. DMHDDSAS should examine the advantages and disadvantages of the existing case management system compared to statewide contracts for case management-only agencies, moving case management services back into Local Management Entities, or other options to improve case management services.
 - 6) Explore the possibility of providing higher reimbursement to agencies and/or case managers that demonstrate certain proficiencies and/or have lower turnover rates.
- b) The electronic health record system, developed in accordance with Recommendation 6.3, should allow case managers to have access to real time data to use to monitor changes in the health, behavioral, or functional status of the person with I/DD and to monitor services and supports provided to the person. The case management system should include intake, assessment, planning, monitoring, and quality assurance data and should be linked to the service billing systems to facilitate service coordination.
- c) The DMA should develop an approval process to authorize payment for up to 180 days of transition services as part of the Targeted Case Management under the Medicaid state plan for people moving out of state developmental centers or Intermediate Care Facilities for Persons with Mental Retardation.
- d) DMHDDSAS should report its findings and recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services no later than October 2010.