

**Case Management Services
DHHS Internal Meeting
June 25, 2009
2:00-4:00 pm**

Initial meeting held to 'plan a plan'. **Attending:** Tara Larson, Susan Johnson, Kelly Crosbie, Catharine Goldsmith, Susan Robinson, Debbie Pittard, Patti Forest, Geneva Fearrington, Sue Hunter, Pam Hagley, Lea Ann McTavish, Amy Smiley, Victoria Landes, Marcia Copeland, Thomas George, Charles Jackso, Edwina Thompson, Whenia Bratt-Brown, Prudence Glover, Joe Holliday, Julie Adams, Starleen Scott Robbins, Vivian Leon, Charles Williams, Suzanne Merrill, Nancy Warren, Rick Zechman, Marie Kelley, Mike Lancaster, Kevin Ryan, Deborah Carroll, Christina Carter, Carol Tant, Dennis Williams, Dennis Harrington

GOALS:

- Increase quality and continuity of care.
- Decrease 'silo' case management. Look at the person and the family as a whole.
- Eliminate duplication of functions.
- Reduce costs

INITIAL STEPS:

- Staff has begun pulling and reviewing data regarding where case management functions are provided and billed.
- A project manager has been assigned.
- DMA has begun meeting with its partners.
- External stakeholders meeting scheduled for July 8, 2009.

MOVING FORWARD

Phase I -- Structure of Project

- Establish a Steering Committee with four (4) representatives from each of our sister agencies which are: Division of Public Health, Division of MH/DD/SA, Division of Aging and Adult Services, Division of Social Services, Office of Rural and Community Care, and the Division of State Operated Healthcare Facilities.
- Conduct weekly Steering Committee meetings and have a 'call-in' number.
- Make assignments to subcommittees. Subcommittees will report on progress at each Steering Committee.
- Post minutes and draft decisions to the DMA website.

Phase II – Case Management versus Care Management

- Determine the definition of case management and care management following the Deficit Reduction Act definition of case management.
- Determine the role of specialty case management.
- Determine assumptions and any other applicable federal requirements.
- Research existing case management models and best practices.

Phase III – How to achieve the outcomes?

- Standardize rates and methodologies
- Limits on services
- Technology
- Eliminate duplication

- Enhance provider and recipient monitoring
- Quality improvement activities
- Evaluate entry and continued stay criteria
- Determine target populations

Phase IV – Implementation

Phase V – Ongoing monitoring and assessment of meeting budget reductions

NEXT STEPS

- Schedule Steering Committee weekly meetings
Agenda: Vision, Scope/charge, assumptions defined, short term/long term plan defined, determine deliverables, timelines, transition, communication plan
- Divisions provide DMA the four representatives for the Steering Committee by Wednesday, July 1, 2009.
- Representatives must be empowered to make decisions, committed to be present at meetings and take assignments.

REQUESTED DATA:

- Break out of funds by State and Federal
- Break case management out of bundled services
- Redo duplication case management chart
- Send state survey on how other states do case management

HANDOUTS:

- Memo to Divisions
- Summary of Case Management and Related Services
- Duplication of Case Management by DOP