

Case Management Services

Steering Committee

September 2, 2009

Minutes

Attendees:

Jane Clay	Jennifer Cockerham	Chris Collins	Kelly Crosbie	Patti Forest
Jane Harris	Richard Anderson for Bob Hedrick	Jim Jarrard	Susan Johnson	Shannon Jones
Kevin Kelley	Tara Larson	Sabrina Lea	Vivian Leon	Donna Marple
Danielle Matula for Sam Bowman Fuhrman	Lea Anne McTavish	Suzanne Merrill	Lisa Moore	Foster Norman
Julia Simmons	Amy Smiley	Fred Waddle	Nancy Warren	Alene Watson
Adeline Williams	Amanda Williams	Eric Zechman	Craig Gray	Debbie Pittard

Minutes

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

DMA received a large amount of feedback from members regarding the knowledge, skills and abilities a case manager should possess. This feedback is being reviewed and compiled into themes across provider types and programs. Once this is complete, it will be sent out to committee members.

Members provided DMA with data that is being reported. The responses were put into a spreadsheet and handed out to member. Once outcomes are determined, there needs to be a decision as to what data is absolutely needed to measure whether the outcomes are being met and are effective.

There was group discussion regarding how to get to the point where needs are not driven based on units and dollars available. When people come into the system, you would expect to see a high use of case management because of linkages being established, etc but this should stabilize and only spike with crises. This is not what we are seeing.

Some decisions are going to have to be made quickly in order to recognize the savings required for this year. There will not be time to have consensus. There has been discussion regarding putting limits on units, dropping rates (typically when rates are dropped utilization goes up to make up for the difference), changing provider qualifications (hard to justify increasing qualifications when dropping rates), restricting what can be billed as case management activities, and decreasing administrative requirements.

The discussion turned to specialty case management. What are the criteria and the process to get it? Since case management activities are all the same, how would specialty case management differ from regular case management? There was discussion that a specialty case manager is a person who has greater knowledge to work with high risk, complex individuals with problems across multiple domains. There was recognition that there may need to be a higher level staff for a very small, limited number of individuals. Otherwise, the general case manager is sufficient.

The next Steering Committee meeting should be the last one. DMA plans to present the new case management model at this last meeting. The September meeting on September 8 and 15 have been cancelled. Another meeting will be scheduled for later in September to allow

	the project team time to work on finalizing the model.
Assignments	<ul style="list-style-type: none"> ▪ Schedule the next Steering Committee meeting. ▪ Prepare the revised Knowledge, Skills and Abilities for case manager.
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? ▪ Determine definition of assessment and is it screening, evaluating, etc?
Next Meeting	<p>September 24, 2009 9:00-12:00 Room 297 Kirby Conference Line TBD (will send with agenda)</p>