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# Case Management Steering Committee

September 24, 2009

\*\*As discussed in the meeting, please provide DMA with your questions/concerns/suggestions/issues regarding this plan and implementation. Due by October 5, 2009\*\*

# Assumptions

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- Consensus on Goals/Outcomes
- Consensus on Case/Care Management Definition
- Consensus on Case Manager KSAs.
- Forms will be standardized and reduced where possible.
- Business processes will be standardized where possible.

# Goals and Outcomes

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## **Recipient Goals/Outcomes**

- The recipient must be the center of our care instead of having case management done on a program specific basis.
- The recipient will have timely and uncomplicated access to care via “no wrong door” policy.

# Goals and Outcomes cont'd

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## **Case Manager Goals/Outcomes**

- Increase quality and continuity of care of recipients through effective and efficient case management including simplifying and eliminating ineffective administrative processes where allowed by regulations.
- Implement client specific outcomes which address all identified needs.
- Decrease 'silo' case management

# Goals and Outcomes cont'd

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- Maintain disability/need specific expertise of the case manager.
- Case managers shall receive training to promote the highest quality possible and to insure the prevention of substandard service delivery.
- Develop professional standards for case managers.

# Goals and Outcomes cont'd

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## **System Goals/Outcomes**

- Simplify the maze of the various types of case management services and systems for families and recipients.
- Eliminate duplication of functions and increase coordination/integration across case management functions to eliminate unnecessary use of Medicaid and other publicly funded services.

# Goals and Outcomes cont'd

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- Reduce costs or potential cost increases in the various covered benefit categories of Medicaid
- Support the development of interoperable medical record systems that support collaboration across the continuum of care.

# Goals and Outcomes cont'd

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- Assure full compliance with federal Medicaid rules and coordination with programs like Part C of IDEA or Title V and other DHHS funding such as block grants and state appropriations to ensure maximization of funding sources.
- Develop a payment structure that promotes the desired goals and outcomes listed above.

# Definitions

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## **CASE MANAGEMENT**

- Assessment
- Care Planning
- Referral/Linkage
- Monitoring/Follow-up

# Definitions cont'd

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## **CARE MANAGEMENT**

- Addresses programmatic and preventive services needs of population
- Outcome-focused
- Uses data to monitor population and service delivery
- Uses systems, incentives, and information to improve care and manage medical/social/behavioral health conditions more effectively

# Competencies/KSAs

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- See handout.

# Short Term Goals

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- Limit Number of Units
- Increase Administrative Efficiencies
  - *Allow direct billing for CAP DME waiver supplies*
  - *Consolidate and reduce forms*
- Consider Reducing Rates
  - *Make more consistent among programs*
  - *Determine once new definition of roles and qualifications is final*

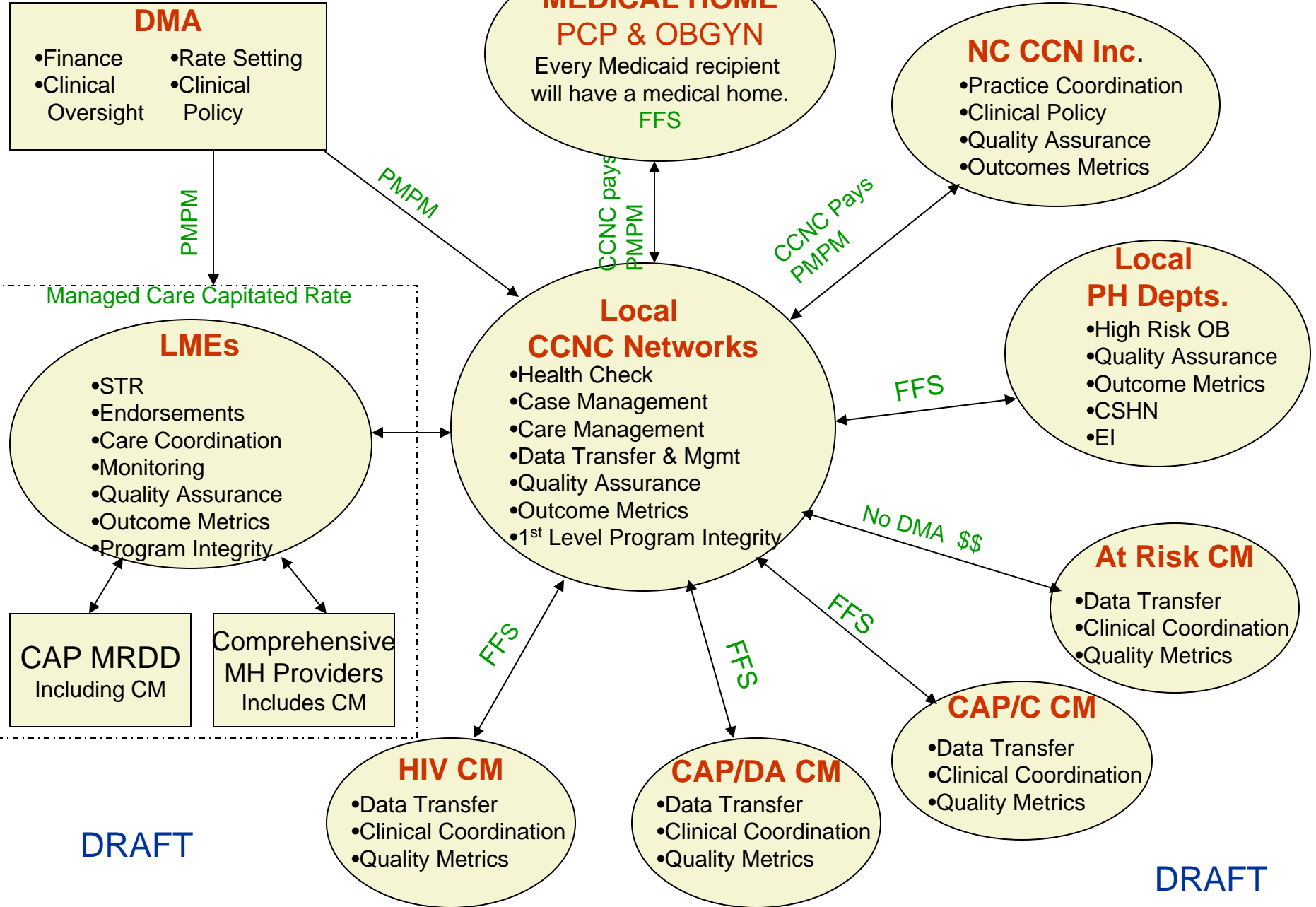
# Short Term Goals

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- Eliminate duplication
  - *Place audit in system to not allow billing by more than one CM provider in the same month*
- Develop linkages to CCNC networks and PCP
- Reduce or eliminate PA on targeted case mgmt
- Coordinate with CS workgroup and make changes as needed

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# CASE MANAGEMENT SERVICES



# Future Plans

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- Develop Service Definition
- Revise and submit State Plan Amendments (SPAs) to CMS
- Define outcome metrics for each area of CM
- Define risk factors that indicate CM needed for each area
- Submit waiver revisions to make program policies more consistent

# Future Plans cont'd

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- Develop business processes and roles
- Develop data sharing processes and agreements
- Revise payment structure
- Determine implementation strategy and plan
- Develop Time Line for implementation
- Develop transition plan for current recipients and providers
- Training

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