

SOLVING THE CASE MANAGEMENT CONUNDRUM: STATE EXPERIENCES IN INNOVATIVE SOLUTIONS

NASUAD HCBS CONFERENCE

AUGUST 28, 2018

AGENDA

1. Overview of Case Management
2. Introduction to Navigant and the Panel
3. Colorado: Redesigning the Case Management Structure
4. Minnesota: Creating Uniform Standards for Reimbursement for Case Management
5. Wyoming: Creating a Conflict Free Case Management Environment

THE “ISSUE” WITH CASE MANAGEMENT

CASE MANAGEMENT FOR HOME AND COMMUNITY BASED SERVICES

- Home and Community-Based Service (HCBS) waiver programs requires the provision of case management services to qualified individuals.
- States can provide these services through their waivers or via a State Plan based on how they have designed their HCBS program.
- States can also adopt a variety of ways to fund case management services for HCBS waivers:
 - Targeted case management
 - Administrative claiming
 - Waiver services

FEDERAL REQUIREMENTS AND POLICIES AROUND CASE MANAGEMENT

- According to 42 CFR 441.301(c):
 - States are required to separate case management from the direct service provision for Home and Community-Based Services (HCBS) waivers.
 - States must also develop person-centered service plans that reflects the services and supports that are important to and meet the needs of the individual.
- Conflict of Interest (COI) requirements are not just applicable to providers, but also to entities that have an interest in a provider or if they are employed by a provider.
 - If there is a COI, states must be able to demonstrate that only “willing and qualified case managers” is also, or affiliated with, a direct service provider.

CHALLENGES STATES ARE FACING

As states move towards meeting federal requirements regarding COI and person-centered planning, they have the opportunity to transform their service structure to accurately reflect the needs of their population.

Areas for States to Consider:

- **Service Structure Planning and Redesign**
- **Payment Systems**
- **Standardizing and Aligning Requirements**
- **Transition and Implementation Plans**

INNOVATIVE SOLUTIONS ADOPTED BY STATES

How are states responding?

States have adopted innovative solutions to provide case management that is **beneficial** for individuals, but also **aligns** with state and federal rules and regulations.

In this panel, we will be hearing from three states that have taken different approaches with case management:



Colorado will discuss how they are redesigning case management, including changes to state policies and procedures, to better streamline care for individuals.



Minnesota will provide an overview of their redesign of case management, including the creation of standards, activities, and reimbursement, which will increase the quality of care delivered to individuals.



Wyoming will share how they have responded to federal requirements around conflict-free case management, including support for self-direction.

INTRODUCTION TO NAVIGANT AND OUR PANEL

INTRODUCTIONS

Navigant Consulting, Inc.

We are healthcare consultants with more than 25 years of experience working with public payers in the areas of payment system design, cost reporting and analysis for institutional and non-institutional providers, program evaluation, healthcare reform, the development and financing of consumer-directed services and managed care systems.

We provide consulting services related to policy and reimbursement for HCBS services for:

- Arizona
- Alabama
- Colorado
- Centers for Medicare and Medicaid Services (CMS)
- Illinois
- Kentucky
- Minnesota
- Nebraska
- New Hampshire
- North Dakota
- South Dakota
- Texas
- Wyoming

INTRODUCTION TO PANELIST



Brittani Trujillo is the Entry Point and Case Management Section Manager with Colorado's Department of Health Care Policy and Financing. She has worked in the Long Term Services and Supports field for over 14 years. She spent time as a case manager, a case manager trainer, supervisor/administrator for case managers and a supervisor for the financial eligibility unit. She has been in her current position for almost 5 years and her team oversees HCBS case management across the state of CO, which includes 47 agencies and approximately 45,000 people enrolled in an HCBS waiver.



Alex Bartolic is the director of Disability Services at the Minnesota Department of Human Services. She has extensive experience at the state and local level with home and community based services, and is currently engaged with system reforms to better respond to the expectations and future needs of Minnesotans.



Lee Grossman has been with Wyoming Medicaid since 2011 and as the Developmental Disabilities Director since 2017. He has experience in managing HCBS waiver programs for multiple populations and in Medicaid eligibility policy. In these roles, Lee has focused on building consensus for payment and service delivery system design.

Home and Community Based Services Case Management Redesign in Colorado

Brittani Trujillo
Office of Community Living

August 2018



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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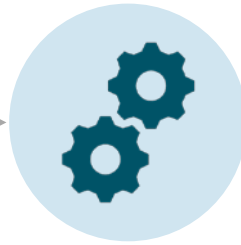
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ACCESS

*Streamline Access
to Services*



COORDINATE

*Improve Service
Coordination*



RECEIVE

*Increase Service
Options and Quality*

STREAMLINE ACCESS TO SERVICES



No Wrong Door (NWD) Pilots

New Functional Assessment Tool

Waiting List(s) Elimination

Medicaid Buy-In Expansion

IMPROVE SERVICE COORDINATION



Person-Centered Support Planning Process

Colorado Choice Transitions (CCT)

Case Management Redesign

Intensive Case Management for Regional Center Transitions

INCREASE SERVICE OPTIONS AND QUALITY



Self-Direction Tools

Person-Centered Budgets

Cross System Crisis Response

Regional Center Task Force

Community First Choice (State Plan Option)

CDASS & IHSS Expansion

Employment First + WIOA

Waiver Redesign
HCBS Settings Rule Compliance

Overview of Case Management in Colorado



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Colorado's Current Case Management Structure

20

Community Centered Boards (CCBs)

- All private, not-for-profit

24

Single Entry Points (SEPs)

- 3 private, 21 county-based

3

Waiver Case Management Agencies

- 3 Private Children's Home and Community-Based Services (CHCBS)

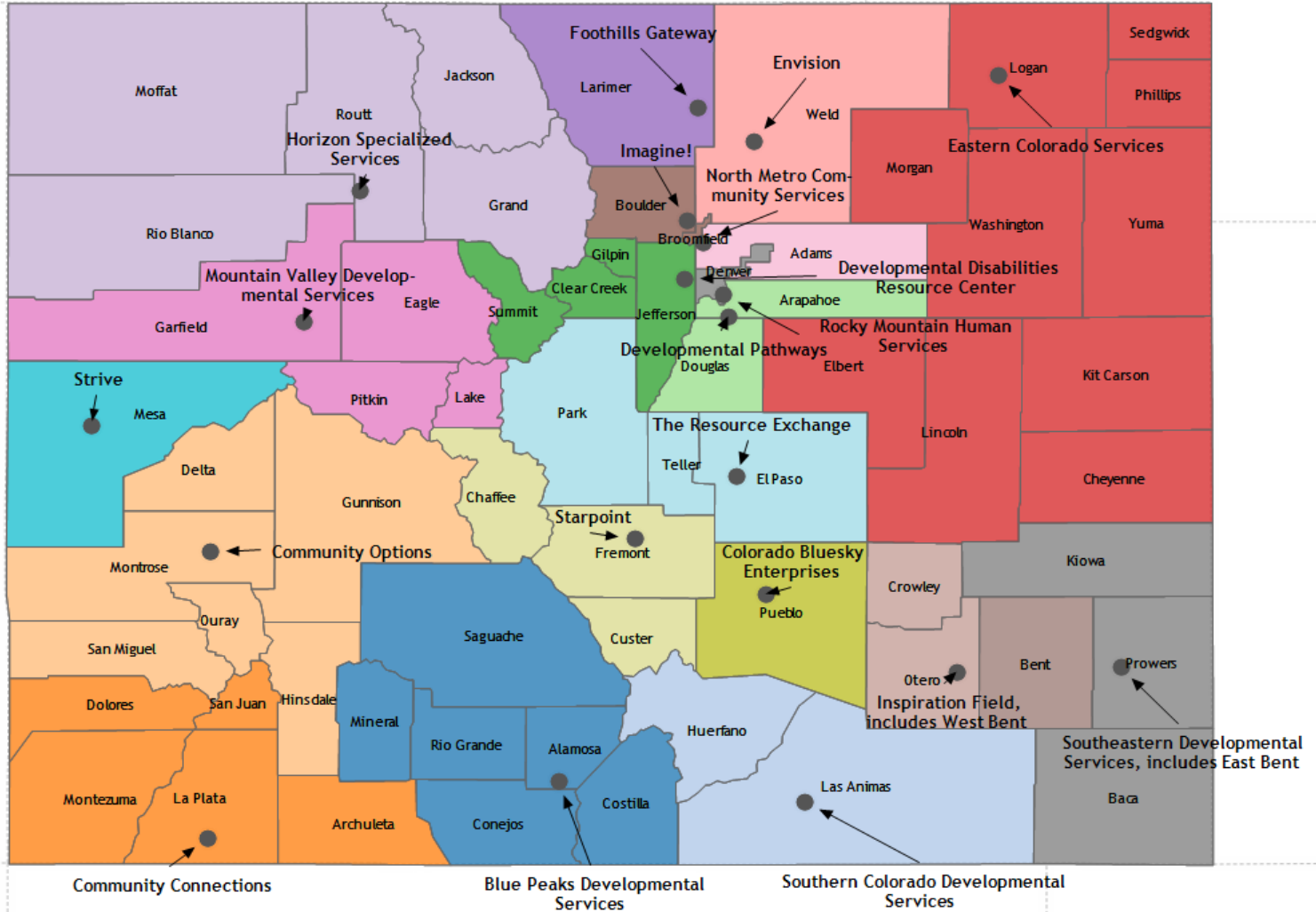


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Community Centered Boards

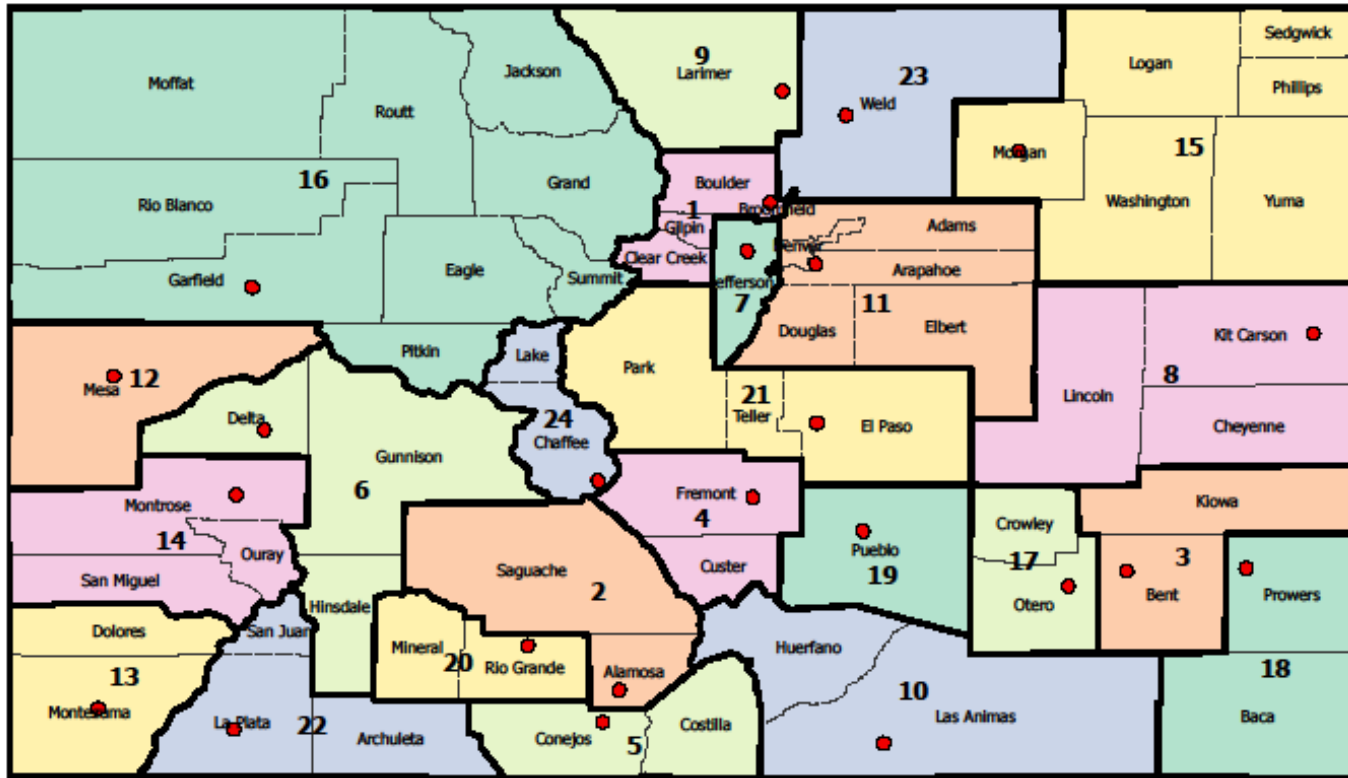


Prepared 3.23.15
Financial Analytics Unit





Single Entry Point (SEP) Agency Locations & Covered Counties

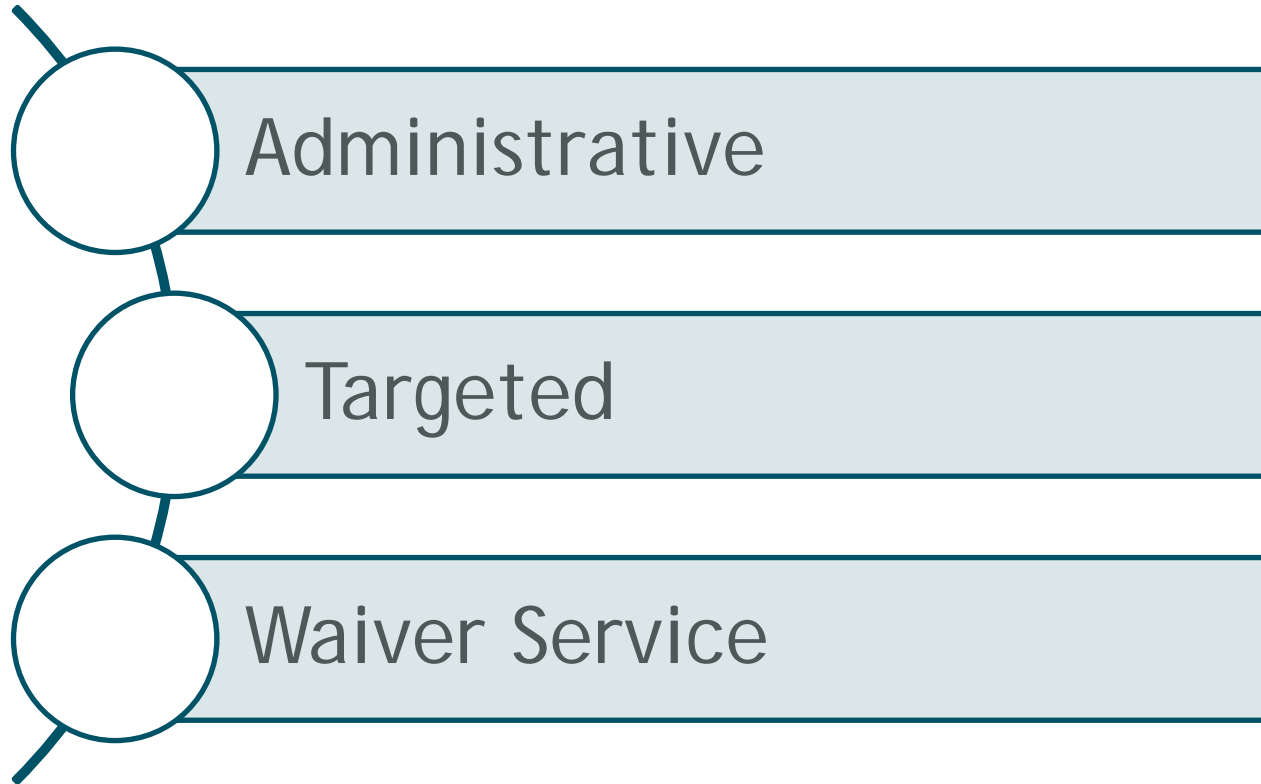


Single Entry Point (SEP) Agencies provide case management, care planning, and make referrals to other resources for clients with the following qualifying needs: elderly, blind and disabled, mental health, persons living with AIDS, brain injury, spinal cord injury, children with a life-limiting illness, and children with a physical disability.

Project Tracking #: 5051 Map Updated: 8/15/2016



Current Case Management Reimbursement



Colorado's Waivers and Case Management

Waiver	Case Management Type			Case Management Entity		
	Admin. Function	TCM	Waiver Service	CCB	SEP	Other*
Children's HCBS			X	X	X	X
Children's Extensive Support		X		X		
Children with Life Limiting Illness	X				X	
Brain Injury	X				X	
Community Mental Health Support	X				X	
Elderly, Blind and Disabled	X				X	
Spinal Cord Injury	X				X	
Supported Living Services		X		X		
Developmentally Disabled		X		X		



Case Management Redesign in Colorado



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How Did Case Management Redesign Begin?

- Community Living Advisory Group
- Federal regulation, effective March 2014
- Legislative requirements in CO
 - House Bill 15-1318
 - House Bill 17-1343
 - House Bill 18-1288



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Why Redesign Case Management?

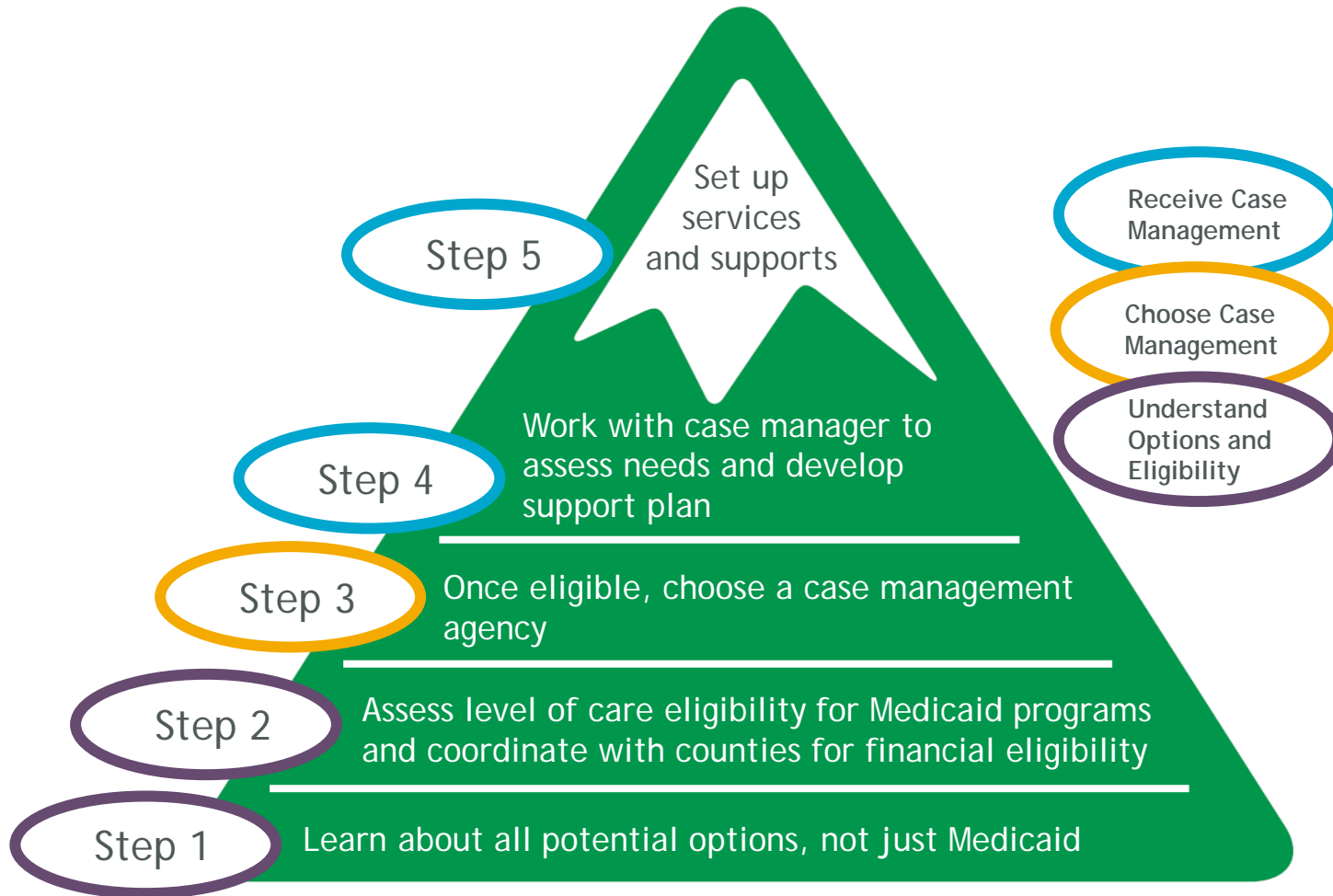
- Person-centered case management
- Aligns case management across waivers
- Professionalize case management
- Offer choice in case management agency
- Quality case management



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Future of Case Management



Case Management Redesign: Qualifications



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Case Management Agency and Case Manager Qualifications

- House Bill 17-1343 Requirement
- Aligns Qualifications Across All HCBS Waivers
- Process for Developing Qualifications
 - Contractor research and recommendations
 - Stakeholder outreach and feedback, November 2017
 - Revised qualifications and informal public comment February 2018
 - Revised based off informal public comment period
- Proposed Final Qualifications



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Case Management Redesign: Reimbursement



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Case Management Redesign: Reimbursement

Administrative Function

Advantages:

1. Allows for tying funding directly to budget appropriations
2. Flexibility for the State to make policy and staffing changes
3. Commonly used when CM is provided by state staff

Disadvantages:

1. CMAs are vulnerable to state budget cuts
2. Limited utilization data available
3. Limited assurance that funds are used for Medicaid CM purposes

Targeted Case Management

Advantages:

1. More accurate tracking of CM utilization and expenditures
2. Makes agencies less vulnerable to budget fluctuations
3. Allows for customized rates for each waiver population
4. Case management service may be available to waiver and non-waiver individuals
5. Level of care eligibility determinations may be paid as TCM

Disadvantages:

1. State has less control over expenditures
2. Places administrative burden on CM entities to bill services and track their time

Waiver Service

Advantages:

1. More accurate tracking of CM utilization and expenditures
2. Makes agencies less vulnerable to budget fluctuations
3. Allows for customized rates for each waiver population
4. Limits CM provision to waiver individuals
5. Provides potential eligibility pathway under CFC option

Disadvantages:

1. State has less control over expenditures
2. Places administrative burden on CM entities to bill services and track their time
3. No Wrong Door, choice counseling, intake and eligibility determinations cannot be paid as a waiver service. Alternative funding streams needed



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Next Steps



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What happens now?

- Department amends regulations for CMA and CM qualifications to include stakeholder input
- Develop process for third-party entity for choice of CMA
- Determine best method for case management reimbursement
- Work with current partners to offer choice in all waivers
- Continued stakeholder partnership



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Feedback, Questions, Concerns?



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Thank You!



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Minnesota Case Management Redesign

Alex Bartolic
Disability Services Director

Background

The Minnesota Legislature directed DHS to redesign Medicaid-funded case management to:

Increase opportunities for consumer choice

Improve quality and accountability

Specify and standardize how services are delivered

Streamline funding arrangements

Background

Medicaid-funded case management in Minnesota includes:

- Targeted Case Management (TCM)
- Adult mental health TCM
- Children's mental health TCM
- Vulnerable adult TCM
- Developmental disability TCM
- Child welfare TCM
- Relocation services coordination TCM

Background

Medicaid-funded case management in Minnesota includes:

- Waiver Case Management
- Community Alternative Care (CAC)
- Community Access for Disability Inclusion (CADI)
- Developmental Disabilities Waiver (DD)
- Elderly Waiver (EW)
- Brain Injury (BI)
- Alternative Care (AC)
- Non-MA funded Developmental Disabilities Case Management

Background

Information Gathering Phase to Inform Future CM Redesign



Objectives

Analyze and summarize past work

Strengthen relationships with partners and stakeholders

Align DHS leadership

Background

Information Gathering: Key Takeaways



Past Barriers to Success

- High stakes
- Unequal financial risk
- Rate-setting complexity
- Not right people in the room for breadth of case management
- Difficult of designing a do-able project



Points of Agreement About Next Phase of Planning

- Build on past work
- Fix immediate problems where possible
- Adopt a realistic timeline
- Align with MN Olmstead plan
- Consider other changes already being implemented

Planning framework 2017-2019

Create a **planning infrastructure** to support a long-term, collective approach to case management redesign.

Document the current county, state, and Tribal fiscal infrastructure involved in delivering case management services.

Build upon past work to **solidify a universal definition** of case management **and core set of activities** to include in a base case management benefit.

Ensure **community and civic engagement** in the development of policies.

Infrastructure

Intentional infrastructure to support a long-term, collective approach to case management redesign



Co-leadership with DHS,
counties, and Tribal leaders



Stakeholders and
communities



Financial Analysis

Purpose

- Document and comprehensively describe the finances currently associated with administering and providing MA-funded case management services.
- Include understanding of administrative infrastructure needed at a local level with a county administered and state supervised system in order to separate out case management from administrative functions.

Financial analysis

Contract with Navigant/subcontract with Future Services Institute



Phase 1

Document current financial state

- State and local finance data
- National scan/peer states: Arizona, Colorado, Connecticut, Pennsylvania, and Oregon



Phase 2

Develop models for potential universal base rate

Uniform Set of Case Management Services

Initial design team

Create an initial design for case management services

Vet recommendations with stakeholders throughout the process and after an initial design is created

Include representatives from DHS, counties, and stakeholders

Uniform Set of Case Management Services

Recommendations for a uniform set of case management services will include:

- Goals and outcomes
- Eligibility/Discharge criteria
- A uniform set of activities for all case management services:
 - Assessment
 - Planning
 - Referral
 - Monitoring
- Roles and responsibilities of case managers
- Qualifications and training of case managers

Uniform Set of Case Management Services

Planning assumptions

- All types of Medicaid-funded case management are included in the scope of the redesign efforts. This includes case management services that have been authorized but not yet implemented, including Home Care Case Management.
- We are creating a single benefit set for all MA case management services that could be offered to a broader population. This means that we would seek a single authority for all MA case management services. This planning assumption assumes we would remove case management services from the waivers.

Uniform Set of Case Management Services

Planning assumptions

The core services will have the following in common:

Roles and responsibilities of service delivery

Foundational provider qualifications

Foundational provider training

Core activities

Ways to identify and measure common outcomes and quality

Uniform Set of Case Management Services

Planning assumptions

The uniform core services will:



Be expanded upon to reflect variation in a population's needs and expertise needed to deliver the services

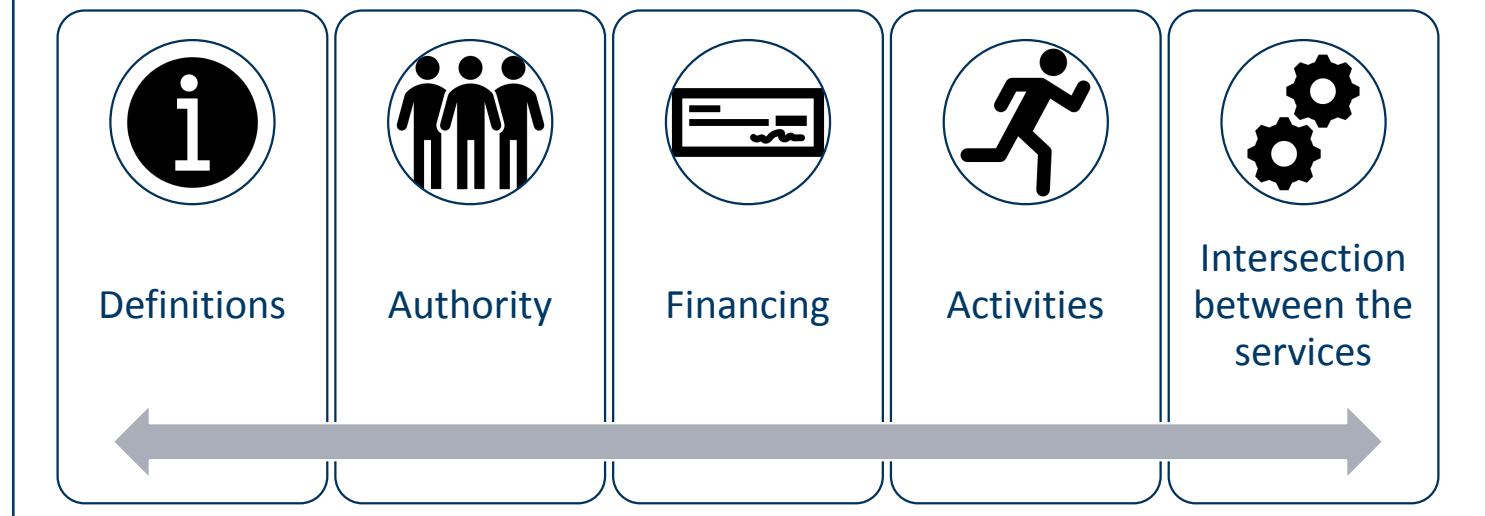


Inform the financial modeling work which will include options for paying for variations



Uniform Set of Case Management Services

We are also capturing the following information for case management, care management, and care coordination services:



Community and Civic Engagement

Lessons Learned

- Ensure that the people we serve, families and caregivers, providers, and other stakeholders are engaged throughout the case management redesign process.
- Meet with existing stakeholder groups.
- Identify touch points where input and perspective are needed to inform policy development.
- Conduct intentional community engagement.

Thank you!

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Wyoming I/DD Case Management



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Wyoming I/DD Case Management



Current status of Wyoming I/DD system

- Approximately 2,500 participants
- 180 individuals on waitlist
- 500+ direct service providers
- 100+ case management agencies
 - 269 total case managers



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Wyoming I/DD Case Management



Current status of Wyoming I/DD system, continued

- Case managers are enrolled Medicaid providers
- Certify agencies and individual case managers
- Certified by State annually
 - In process of shifting certification to every three years



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Wyoming I/DD Case Management



Self Direction

- 13% of participants served through this option
- 56% of participants in self direction are in frontier counties
- Tool for serving participants in their community of choice



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Conflict-free Case Management



- Implemented conflict-free model July 2015
- Prior to July 2015, case managers in Wyoming:
 - Often employed by a direct service provider
 - Certified by the State as an agency or individual
 - Served as an independent contractor, enrolled via Medicaid



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Conflict-free Case Management



- 2013 – Wyoming Legislature directed the agency to move to a conflict-free case management system
- Concerns received through public input process:
 - Loss of case manager provider capacity
 - Loss of income for case managers
 - Care would become less coordinated
 - Restrictions on an individual's provider choice



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Conflict-free Case Management



Developing a conflict-free model

- Engaged with a variety of stakeholders & legislators
- Included Attorney General's office in deliberations
- Contracted with NASDDDS for technical assistance
- Examined case management models in other states



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Conflict-free Case Management



Characteristics of case management model:

- Full compliance with January 2014 federal regulation
- Minimal or no rural exemptions
- Increased education requirements
- Maintain case manager provider network
- Person centered service delivery system



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Conflict-free Case Management



Implementation

- July 2014 - began transitioning to conflict-free model
- Allowed case managers one year to comply
 - Three years to comply with educational requirements
- State reviewed all waiver plans of care to ensure compliance



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Conflict-free Case Management

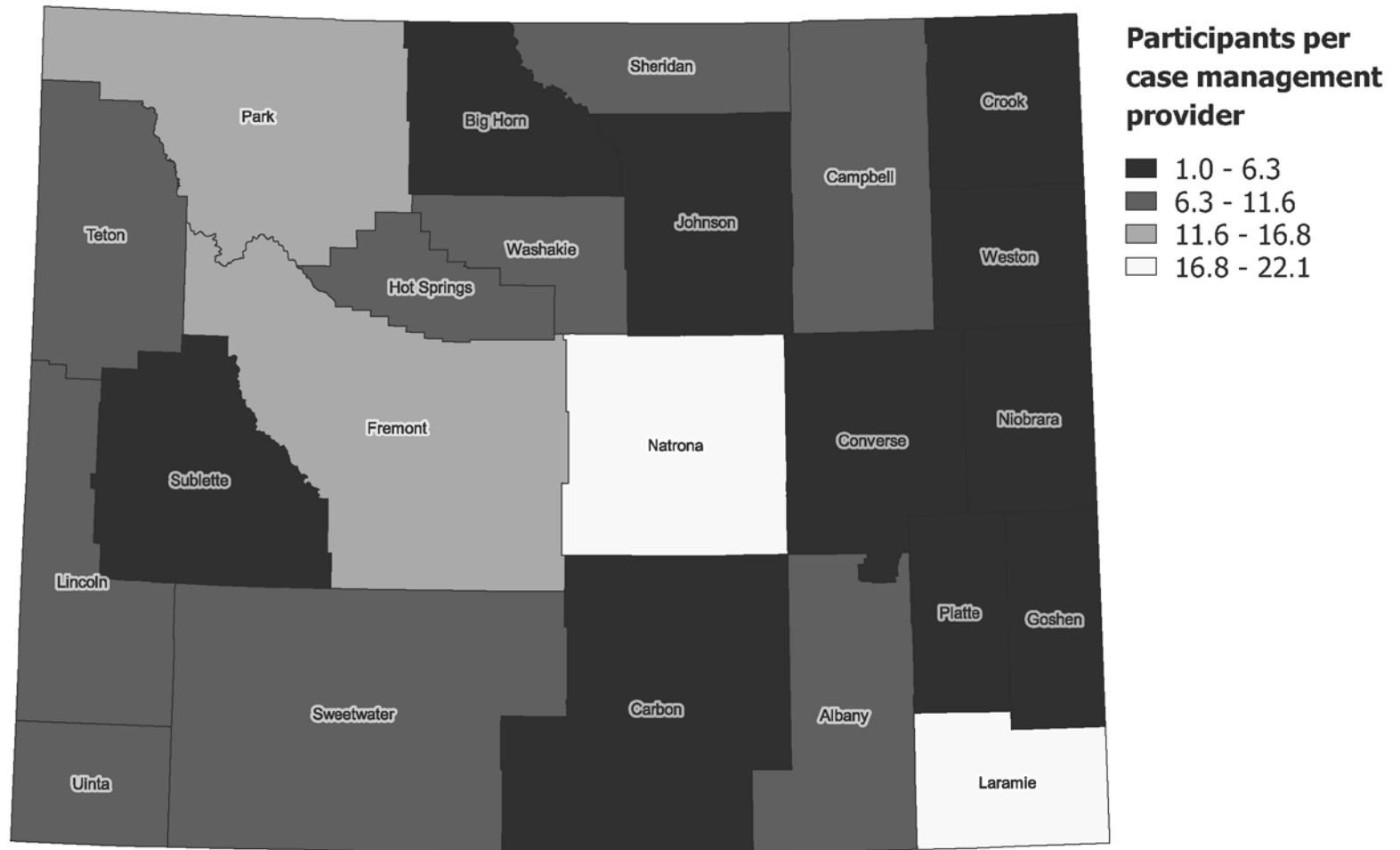


Lessons learned from conflict-free case management

- Clearly define roles in service delivery system
- More eyes on each case to ensure proper service delivery
- Involve legislators early and often
- Evaluate internal processes to support case managers



Wyoming I/DD Case Management Capacity



Wyoming I/DD Case Management Capacity



Case manager capacity over time – statewide

2015 – 129

2016 – 113

2017 – 104

2018 – 103



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Wyoming I/DD Case Management Capacity



Maintaining Capacity

- **Funding**
 - Payment rate increases in SFY 17 (3.3%) & 18 (4.2%)
 - Current rate - \$289.39/month
- **Competition**
- **Consistent qualification criteria across waiver programs**
- **Presently no rural exemptions to conflict-free requirements**



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Questions?

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QUESTION AND ANSWER SESSION



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