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.
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
Our Mission

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

**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)
- Intensive Case Management for Regional Center Transitions
- Case Management Redesign

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

COLORADO Department of Health Care Policy & Financing
Overview of Case Management in Colorado
Colorado’s Current Case Management Structure

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>20</td>
<td>Community Centered Boards (CCBs)</td>
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<td></td>
<td>• All private, not-for-profit</td>
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<tr>
<td>24</td>
<td>Single Entry Points (SEPs)</td>
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<tr>
<td></td>
<td>• 3 private, 21 county-based</td>
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<tr>
<td>3</td>
<td>Waiver Case Management Agencies</td>
</tr>
<tr>
<td></td>
<td>• 3 Private Children’s Home and Community-Based Services (CHCBS)</td>
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</table>
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

- Administrative
- Targeted
- Waiver Service
# Colorado’s Waivers and Case Management

<table>
<thead>
<tr>
<th>Waiver</th>
<th>Case Management Type</th>
<th>Case Management Entity</th>
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<tr>
<td></td>
<td>Admin. Function</td>
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<td>Children’s HCBS</td>
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<td>Children with Life Limiting Illness</td>
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<td></td>
</tr>
<tr>
<td>Brain Injury</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Support</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Elderly, Blind and Disabled</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Supported Living Services</td>
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<td>X</td>
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<tr>
<td>Developmentally Disabled</td>
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</table>
Case Management Redesign in Colorado
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
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
Future of Case Management

1. Learn about all potential options, not just Medicaid
2. Assess level of care eligibility for Medicaid programs and coordinate with counties for financial eligibility
3. Once eligible, choose a case management agency
4. Work with case manager to assess needs and develop support plan
5. Set up services and supports

- Receive Case Management
- Choose Case Management
- Understand Options and Eligibility
Case Management Redesign: Qualifications
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
Case Management Redesign: Reimbursement
### 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
Next Steps
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
Feedback, Questions, Concerns?
Contact Information

Brittani Trujillo
Case Management Section Manager
brittani.trujillo@state.co.us
Thank You!
The Minnesota Legislature directed DHS to redesign Medicaid-funded case management to:

- Increase opportunities for consumer choice
- Specify and standardize how services are delivered
- Improve quality and accountability
- 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
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
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.
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

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
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
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

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

Planning assumptions
The uniform core services will:

1. Be expanded upon to reflect variation in a population’s needs and expertise needed to deliver the services.
2. Inform the financial modeling work which will include options for paying for variations.

Planning assumptions
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.
Alex Bartolic
Disability Services Director
alex.e.bartolic@state.mn.us
Wyoming I/DD Case Management

Lee Grossman
Administrator
Developmental Disabilities Section

Wyoming Department of Health
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
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
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
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
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
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
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
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
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

Participants per case management provider:
- 1.0 - 6.3
- 6.3 - 11.6
- 11.6 - 16.8
- 16.8 - 22.1
Wyoming I/DD Case Management Capacity

Case manager capacity over time – statewide

<table>
<thead>
<tr>
<th>Year</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>2015</td>
<td>129</td>
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<td>2016</td>
<td>113</td>
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<tr>
<td>2017</td>
<td>104</td>
</tr>
<tr>
<td>2018</td>
<td>103</td>
</tr>
</tbody>
</table>
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
Questions?

Lee Grossman
Administrator
Developmental Disabilities Section
Behavioral Health Division

lee.grossman1@wyo.gov
(307)777-7460

Wyoming Department of Health
ANDREA PEDERSON  
DIRECTOR, NAVIGANT CONSULTING, INC.  
206.292.2569  
andrea.pederson@navigant.com

navigant.com