

Position Statement

2021

County's Role in and the Redesign of Case Management

Short Description

Issue:

The Department of Human Services is leading a Case Management Redesign Project. Through this project, the role and definition of case management as well as the financing of it are being looked at from a State perspective. Among the project's goals are to better define case management, clarify roles and responsibilities, and make case management more consistent across the various types of Targeted Case Management (TCM), Home and Community-Based Services (HCBS) Waiver case management, and similar case management where the recipient is not currently enrolled in MA and is therefore paid for by county funds.. Other goals include making case management funding more transparent, more consistent among the different types of case management, and more consistent throughout the State. Workgroups have been formed and counties are a partner in this process. The Redesign Project and its potential legislative recommendations have surfaced multiple unresolved issues for CMH-TCM, AMH-TCM, CW-TCM, VADD-TCM, HCBS Waivers, and all other forms of CM currently provided by counties. The Counties need to establish a unified opinion on these issues and outstanding issues need to have appropriate resolution, ideally prior to being presented to the legislature.

Administrative Simplification (optional):

[will this position lead to a programmatic/administrative simplification? If yes, please describe.]

Implementation Strategy:

Counties support the concept of reforming case management so that it is transparent, better defined, and more consistent among its many types, and differences among the types are deliberate and programmatically sound rather than arbitrary vestiges of history. However, for counties to support a potential legislative package, the following factors need to be addressed in the process:

- **Contracted rates:** Currently counties set contracted rates through their contracts with no common statewide framework. CMS has indicated that the State has to have oversight and statewide uniformity or some defined rate-setting process for contracted case management so the rates are similar or there is a transparency to why the rates are different.
- **Access to services:** We need to ensure there is uniform access across the state for case management services.
- **Choice:** choice represents an important value that can improve the quality of life, self-determination, and other outcomes. However, implementing choice in case management needs to balance the value of choice by and to case management recipients and their families with the realities of fiscal, legal, and practical constraints. This tension needs to be resolved with as much choice as practical for people being served while still leaving counties with the tools needed to work within those constraints.
- **County Role:** In potentially restructuring rates, counties must not be treated as "just another case management provider." Counties contribute indispensable funding, including non-federal match and paying for recipients who are not currently on MA; are the provider of last resort; often take on the most difficult cases; and in many situations represent the only entity willing or able to provide case management.

- Rate Setting: In potentially restructuring rates, the County cost-structure needs to be considered (both individually and collectively) and incorporated into any rate-setting changes to ensure that federal reimbursement for county expenditures is commensurate and adequate to cover costs.
- Rate Setting: Federal CMS has indicated that Minnesota's current case management processes may need to more closely comply with its funding requirements. If this proves out, there appear to be considerable advantages to following the Certified Public Expenditures (CPE) approach where funds are certified as expended by the county and do not have to be transferred to the state, rather than the Intergovernmental Transfer (IGT) approach where funds must be transferred from the county to the state prior to any claims being processed. The CPE approach also has the advantage of including a reconciliation process, so that rates that are set too high or too low do not cause ongoing gaps between revenue received and costs incurred.
- Fiscal Reporting: Counties support integrating any new rate-setting data gathering and reconciliation reporting with ongoing fiscal reporting processes. The TCM Survey conducted over the summer of 2020 may have complied with Federal CMS requirements, but it was also very labor-intensive and difficult for counties to provide accurate, consistent data in its alternative configurations. If alternate data will be required in the future, then this should be built into SSIS, time reporting, BRASS, quarterly reporting processes, and so forth so that it routinely spills out of ordinary processes rather than requiring complex estimates and recalculations.
- Funding Mechanisms: Currently, case management activities are funded by Medicaid dollars (TCM or HCBS Waiver) and county levies. If a program is funded in any way by county levy dollars then the county cost structure needs to be considered in any funding formula.
- SSTS Random Moments: There is a general agreement that it may make sense to explore moving away from SSTS (Social Service Time Study) and instead to use time reporting as a way to gauge expenses. If we do that certain things need to be done first: SSIS needs to be upgraded and improved so it is more accurate, counties need a clear understanding of what is being measured and how it is being measured to ensure uniformity of reporting, and overhead and indirect costs must be taken into consideration and addressed in the rate structure. There needs to be a unified way of documenting time and activities that is transparent to counties as well as consistently communicated, trained, and followed.
- County Rate variability: The current bewildering array of case management rates does not represent actual differences in costs or service provision. Any potential replacement rate process needs to be equitable to all counties; transparent; reasonably consistent from year to year so we can budget appropriately; and any variations need to represent actual differences rather than exaggerating inconsistencies in data collection. A floor for county rates should be considered along with any variations.
- Managed Care Rates: Rates paid by managed care health plans need to be consistent with rates paid through fee-for-services. Otherwise, distortions get introduced that interfere with accessibility, continuity of service, etc.
- Define Support Roles: There is recognition that support staff can be of tremendous assistance in managing caseloads and paperwork if they are billable. Counties want to be at the table in establishing what that would look like, who would be eligible to bill, and what duties they could do.
- Added responsibilities: County levy dollars pay for many other costs associated with people receiving case management (e.g., placement cost, hold costs, housing, transportation, other service costs). The issue of how these

costs will be managed for people who choose other providers, must be resolved.

- Outcomes: Case management is a service that is widely recognized as necessary to helping individuals receive supports to maintain community tenure, advance in recovery efforts, and achieve their fullest potential towards reaching their dreams. Despite this recognition of the need for case management services, a defined menu of outcomes for case management does not exist. Whether a part of, or separate from this redesign effort, we need to be sure that DHS is partnering with counties, community providers, and people being supported by the service to define a common set of agreed upon outcomes and a means to measure them, by which services can be determined to be adding value to the system.

Long Description:

There is a substantial amount of county levy dollars currently attached to case management. In addition, there are significant amounts of ancillary services that are county funded. In many cases, counties end up picking up the tab when case management is ineffective. As such, it is critical that counties develop a strategic, unified position on case management in general and on choice in particular. The funding process and mechanisms will likely be complicated and controversial, with major repercussions for counties and the people we serve. If we do not have a united voice in the process we run the risk of being dependent on others, those who do not fund the programs or have responsibilities for the outcomes, to make the decisions.

Additional Information:



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Approved by: [insert the name of the program committee] on [insert date position was approved]

Date Approved by Legislative Committee: [insert date]