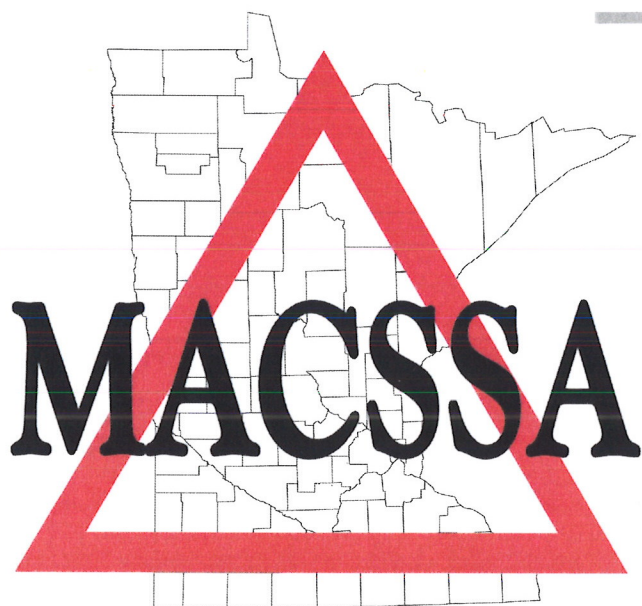


Counties Unique Role in Case Management

A MACSSA Policy Statement

July 2015



Minnesota Association of County
Social Service Administrators

Introduction

In almost every discipline of social services, case management is at the center of the direct services offered to the consumer. Minnesota counties strongly believe that the viability and preservation of our core case management services is of utmost importance as we look to the future. Counties are uniquely positioned to provide effective, high quality case management due to our ability to integrate services at the local level. Above all, it is the investment in the relationship and building a personal connection between the county staff and the consumer that has the greatest impact and provides the most efficacies.

What is County Case Management?

At a basic level, case management services assist an individual in identifying the individual's goals, strengths and needs; involve planning with the individual what services and community resources might help the individual to accomplish the individual's goals; provide referrals (and often accompany) the individual to obtain services and resources; and monitor and coordinate with those services and resources to assure that the individual is getting the help needed to accomplish the individual's goal and to address the individual needs¹.

In concert with current Legislation and Rules, Minnesota counties invest significant amounts of local levy dollars into programmatic, fiscal, legal, and other administrative aspects of case management services. Given that context, counties consider case management to be at the center of our community-based service system. These services directly impact individuals who are critical to the identity of our communities. County boards have responsibility, under statute, for the development of an affordable system of care serving children, families, and adults that are uninsured or underinsured.

Counties in our combined roles as “payer/purchasers”, “developer of integrated services”, and “direct care providers”, are well positioned to partner with the State and local vendors to continue case management service delivery into the future. Our practice philosophies reflect a holistic framework to promote a consumer-driven, community-based, and recovery-focused system of care.

¹ Minnesota Department of Human Services. *Case Management Services*. Retrieved on May 7, 2015. http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&dID=132311.

These roles are further defined as follows:

Payer and Purchaser

Counties utilize local property tax revenues along with federal and state funding to purchase a broad range of human services for citizens. Counties have an existing infrastructure that ensures access to these needed services, provides contracting protocols, monitors quality, and authorizes payment for services. Even when larger counties have contracted for case management services, the counties have still retained a clear role with the vendor by providing performance oversight, monitoring client access, and streamlining client integration into the local system of care. Regardless of size and population, all counties provide services that are tailored to meet the unique geographical and demographic needs of their communities.

Counties pay a local funding match for certain Medicaid-covered services including case management. Moreover, counties often pay for services at 100% county cost when services are deemed necessary, and no state, federal, or private funds exist (e.g. mental health hold orders, out of home placements for children, etc.). Counties have been willing to look at the local investment in case management services in terms of “getting the job done.” The county case management relationship is based on a long-term commitment with no pre-determined starting or stopping point. The focus is to holistically improve the overall functioning of the client. If case management is ever restructured based only on billable time for defined tasks, the shift away from a long-term relationship model could create significant gaps in the service system for specific duties that no one may be required or resourced appropriately cover (e.g. housing supports, court involvement, transitional care out of residential/inpatient care, etc.).

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Developer of Integrated Services

Adults and children in need of case management services typically have complex needs that may include food, clothing, shelter, and access to health care coverage. Counties are in a key position to address the holistic needs of consumers by integrating Social Services, Financial Assistance, and Public Health, with the consumer being the focal point. Consumers seeking case management often have multiple needs that are best served through a county-delivered system that can



integrate all public services and internally coordinate the needs of each consumer. Effectiveness of county case management increases as access to all appropriate public services are streamlined.

Because of local contacts and familiarity, counties are well positioned to avoid duplication, navigate jurisdictional nuance, and address issues of diversity. Counties bring passion, commitment, and expertise to the development of an array of embedded services that specifically respond to community needs. Counties, especially in rural Minnesota, are often the sole provider of direct care services which usually require additional efforts (and additional levy resources) to ensure the basic needs of each community member are appropriately met.

Provider (Coordinating with the External Service Network)

Counties offer specialized expertise in serving public consumers. Because of long-standing local reference points, counties are best positioned to link individual citizens with unique local supports (both formal and informal). Counties claim expertise in intensive person-to-person and community-based service delivery. By understanding the integration of funding (Private, County, State, and Federal funding) *and* the available community resources (County, Non-Profit, Private), Counties are uniquely afforded the perspective to provide case management services in a manner that are customized to the individual. Addressing the needs of consumers in this dual manner mitigates the limitations of a model that is based more solely on “funding” as the primary driver of service delivery. Funding defined tasks naturally creates an incentive for “task completion” for all eligible clients, regardless for the individual’s need for the specified services.

Counties believe it is critical that individualized care plans are customized to match personal needs with community services. The funding needs to be packaged in a manner that supports customized care plans.

How Can County Case Management Improve into the Future?

Funding, care delivery, increased acuity, data privacy, and liability are all becoming more complex and difficult to manage. There is an ever-growing need for simplification and streamlining of case management services. The overarching goal of county case management is to meet clients at their starting place and then incrementally and purposefully help each individual improve to their highest level of functioning, according to their life goals.

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Focus Points for Improvements:

1. Streamline equitable funding formulas for county case management at sustainable levels to best address the statewide needs for this proven and cost-effective service. Complimentary to this funding reform, there is an imminent need to establish clear practice standards to include: formatted case notes, weighted or tiered caseload targets, standardized assessments, and standardized billing protocols/audits from outside payer sources (e.g. MCOs). There are many unnecessary complexities and incongruent processes when consumers and county case managers try to navigate changes as individuals choose different health care providers, move to a different county, or seek out new programs. This lack of standardization creates functional barriers and personal frustrations as people try to access services.
2. Train both new and experienced county case management staff/vendors under client-centered philosophies that respect individual differences and address issues of diversity (Olmstead).

3. Define meaningful performance measures for county case management that objectively reflect the collective thinking of consumers, county case managers, and others who directly help consumers achieve progress on their life goals. We need measurements to evolve beyond task-performance, and instead measure progress/stability on individualized goals.

Why do Counties want to Continue Providing Case Management Services into the Future?

County case management is a core function interwoven in the fabric of the local community service delivery system. Counties have extensive history and experience providing and contracting for these direct care services. Counties have also learned how to be responsive to the comingling of political, economic, and social forces that impact these subpopulations. This unique skill set and perspective enables county staff to triage real life circumstances with consumers very efficiently and effectively, drawing upon the full continuum of county services. This approach to community-based care would be very hard to replicate outside the public sector.

Foundational Elements for the Future of County Case Management

1. County case managers are directly integrated into the local network of care and are therefore able to offer smooth coordination and seamless handoffs with other community providers. This strength should be maximized into the future. Counties also offer the stability of a governmental infrastructure, which embeds checks and balances and minimizes internal and external gaps, silos, and barriers to consumers. We strive to limit disparities for the people we serve, and through standardization, improve the quality and consistency in how we serve others.
2. Counties should continue to maintain our primary position in providing (or purchasing and overseeing) case management services. Direct connection to the County Attorney, the Courts, and DHS afford counties important systemic advantages. Most critically, counties understand case management is built on establishing a mutual relationship between the case manager and the consumer. As opposed to a system built on funding “tasks”, Counties understand we can measure vital rapport in tangible terms of client successes, health, and safety.

3. Counties are able to manage overall revenues and expenses across disciplines to sustain core services through hard economic times. An integrated service model will reduce the impact of volatility in any particular service area, at any given point in time. Counties' role in the community-based network of care, our partnering with consumers to measure individual successes, and our long-standing fiscal commitment to preserving the core mission of county case management over the long term, should be respected and preserved into the future.

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