

# MCO CASE MANAGEMENT RATIO IMPLEMENTATION

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**Iowa Total Care, Molina, and  
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# Reason for Case Management Ratio Requirements

- ▶ During the community-based services evaluation, Medicaid members reported challenges in reaching their case managers as questions about care arise and their needs change.
- ▶ Case Managers reported large caseloads prevented them from developing the relationships, impacted their responsiveness and accessibility, limited their ability to provide appropriate oversight of the service plan implementation

# Case Management Ratio Requirements

Changes to Managed Care Organization (MCO) contracts applicable to CBCCMs serving people through home and community-based services

► By January 1, 2025:

- Community-based case manager (CBCCM) to member ratios may not exceed a statewide average of 45.
- No single CBCCM may exceed 50 members.

# Overview of transition between case managers process

All MCOs have a process to follow when transferring members from one case manager to another.

This process is used only when needed and is typically due to:

- ▶ Change in member needs of a particular area
- ▶ Change in case manager staffing of a particular area
- ▶ Member request due to a valid conflict or grievance.

# Step 1 – Initial identification of needed changes

The process begins when the manager in the area identifies a change in caseloads is needing to be made.

The manager may speak with the member, parent/guardian, or case manager to communicate or understand the reason for changes -especially if this is the result of a member request.

For today's presentation, we are mostly focused on changes to caseloads due to the MCO Case Management ratio realignment.



## Step 2 – The manager will look at what changes need to be made

Once changes are identified as needed, the manager will work with their case managers on reassignments of member(s). When reassigning members, the MCOs take the following into consideration:

- ▶ Current member needs - High needs/high touch/complex/urgent members that require continuity with their current case manager.
- ▶ Current case manager locations and location of newly hired case managers.
- ▶ Established long-term case manager/member relationships
- ▶ Location of providers who routinely work with higher needs members

## Step 3 – Communication within MCO

Several steps will occur at the MCO to help ensure a smooth transition for each member from one case manager to the other:

- ▶ Manager will communicate caseload changes to all case managers involved
  - both the current case manager and the new case manager taking over the case.
- ▶ The current case manager will contact the new case manager and provide them with important information about the member.
  - Depending on the situation, this may occur as a phone call between the case managers, email exchange, etc.
- ▶ The new case manager will have access to the member's file. This includes previous case manager documentation, current assessment, current service plan, and all other important information that has been collected or completed by the MCO.

## Step 4 – Communication with member

The most important piece of the communication plan is with the member or parent/guardian where applicable.

- ▶ The current case manager will facilitate a handoff with the new case manager and the member. This may be in-person with both case managers, over the phone with both case managers, or a notification over the phone from the current case manager.
  - This is used to make the initial introduction of the new case manager, and the method will vary depending on the situation.
- ▶ The MCO will send a letter to the member or parent/guardian with the new case manager's name and contact information.
- ▶ The new case manager will begin setting up normal contacts with the member



## Step 5 – Communication with providers

The MCOs understand the importance of providers knowing who the current case manager is for their members.

The case manager for the member will communicate to providers any changes in assignment.

If there are any questions, each MCO has contact information you can outreach.

# Contact information

## Iowa Total Care

- ▶ General LTSS email contact: [itc\\_ltss@iowatotalcare.com](mailto:itc_ltss@iowatotalcare.com)
- ▶ General LTSS phone contact: Dial 1-833-404-1061, press 1, and then press 6
- ▶ LTSS coverage map: <https://www.iowatotalcare.com/territory-maps.html>

## Molina

- ▶ General LTSS email contact: [IA\\_CM@molinahealthcare.com](mailto:IA_CM@molinahealthcare.com)
- ▶ General LTSS phone contact: Dial 1-844-236-0894
- ▶ LTSS coverage map: [LTSS Supervisor Map Updated October 2024 \(molinahealthcare.com\)](#)

## WellPoint

- ▶ General LTSS email contact: [LTSS\\_Iowa@elevancehealth.com](mailto:LTSS_Iowa@elevancehealth.com)
- ▶ General LTSS phone contact: Dial 1-833-731-2140
- ▶ LTSS coverage map: [https://www.provider.wellpoint.com/docs/gpp/IA\\_WLP\\_CAID\\_LTSSRegionalManagerMap.pdf?v=202402052232](https://www.provider.wellpoint.com/docs/gpp/IA_WLP_CAID_LTSSRegionalManagerMap.pdf?v=202402052232)

# Case Management Oversight Efforts

Iowa Medicaid will be monitoring case management using the following metrics:

- ▶ Number of individuals assigned to a single case manager
- ▶ Length of time an individual has been assigned to their case manager
- ▶ Length of time the case manager has been a case manager



# Questions

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