Department of HUMAN SERVICES

LTSS Case Management Listening Session

January 20, 2022

Agenda

- Introduction and purpose of listening session
- Assignment and turnover
- Knowledge of programs and services
- Service planning and authorization process
- Open floor for feedback

Assignment and turnover

- One individual has had good experience with case manager and has had the same one for some time – no turnover
  - Returns calls and is responsive
- Another individual with 32 yo child
  - In 24 years prior to managed care – 3 different case managers (these were local TCMs, career people)
  - In 6 years since managed care – on 4th case manager
  - No longer appears to be a career path – it is a stepping
  - Now with a good case manager (former TCM)
- Another individual had several CMs with United Healthcare
  - Now has had the same CM since with AGP
  - Gets along great now that ETP has been approved
  - Knows of people who have needs that are not met and CMs are not helping proactively
- One has a 22 yo child on H&D waiver
  - In the course of 4 years, had 3 MCOs
  - CMs did not know much, mother had to find information herself through network of families
  - Transitioned to HIPP and now has had the same TCM for 4 years – very informed and gets information back as needed
  - Night and day difference
- Daughter is on ID waiver (18)
  - Had 4 CMs under managed care
  - Since transitioning to HIPP – have had 2 CMs
  - Also find a lot of information from family networks
- One individual had it occur on multiple occasions called and discovered their case managers no longer worked there

- One member 4 CMs with AmeriHealth and then 2-3 with UHC
  - 1 with ITC and 1 with AGP
  - ITC CM was really good and felt like a true team member
  - Relatively stable since
- One member had a CM who was challenging to work with – did not help with ETPs
  - Relied on an ISB for assistance to try to figure it out
  - Denial reasons were inconsistent/untrue
  - All of the work on putting together paperwork, appeals, etc. is exhausting and depressing
  - Feel taken advantage of by CMs if you have some ability
- CMs are not sure what to do with skilled care needs
  - Seems like they don't know what their responsibilities are – listen but do not have helpful feedback
  - Results in denials or waiting in limbo without much information
  - Have had 3 different CMs – one was promoted

Knowledge of programs and services

- The same issues and misunderstandings come up over and over – unclear if it is the actual CM knowledge or if it is coming from somewhere else
  - Appears to not understand CCO with CM and supervisor
  - Not knowledgeable or forthcoming about non-Medicaid community programs – had to find it themselves
  - In previous areas, CMs had more knowledge of community
- Community based case management feels like a misnomer – it no longer feels community based
- If there is a way to better get connected with community resources, that would be helpful
- It would be great to have peers and lived experience as supports
- Have to keep up with trainings – things change all of the time and folks need to stay on top of it
- Not just MCO CMs – it is the DHS SWs as well
- Don't seem to have the knowledge – denials are inaccurate and put a code in to support – that results in members having to do the work to research and explain
- Didn't know that there were services available that helped with housing and placement
- CMs misinterpret policy manuals and IAC – unsure where they are getting their training from – are they looking at rules?
- CMs route folks to ISBs to explain program
- Internal documents training CMs do not align with what state says is policy
- Once something is in appeal or attorneys are involved, they stop responding
- Culture is not about what is right or advocating, it is about towing company line and retaliating
- Short reauthorization of services is very cumbersome for services that are needed long term
- CMs make them list out natural supports regardless of whether there is commitment to assist with care – this is used as a denial

Knowledge of programs and services

- Feel like there are a lot of immediate denials of service
- Advocates and natural supports are not allowed to be part of the process or conversation even when they are the power of attorney
- When an ETP is presented, they do not review and provide a notice of decision with appeal rights (need education that ETPs are not appealable)
- CM told member that it was the member's job to find natural supports (member needed home health and CDAC)
- Hierarchy of services issue – many CMs believe that natural supports should be the first level of support

Service planning and authorization process

- Difficulties within bureaucracy of functions
- Service planning is 3 hours and unpredictable in terms of what will get approved
- Often what is approved is what was approved before – no new resources or options
- Prior to MCOs – got a 12 page packet in the mail to fill out to determine if needs changed
- Would rather do assessments less frequently
- Repetitive and redundant
- CM caseloads are high
- One member's CM listen and advocates – family member involved in plans for future
- It is challenging when approval does not come with enough time prior to effective date – unknown is stressful
- Level of care assessment is duplicative of health assessment – all of the information for health assessments should be in file – it is exhausting for individuals and their families to go through things repeatedly
- Feels like keep hitting roadblocks on getting needs met – not sure if it is case management or supervisors – when you need something they say they will just put it in the file
- If member has greater health needs that is done separately
- There are a lot of opportunities that would be beneficial for individuals that are either not approved or can't find staff to do
- Suggestions made to go to a nursing home for some members
- Waiver and voc rehab need to work better together (true about many state programs)

Open floor for feedback

- Day habilitation very important to get individuals into the community and feeling productive
- If there are not stable and reliable caregivers – cannot maintain employment – there are times when caregivers do not show up and get them ready until later in the day
- Allow parents and family members to be paid direct caregivers
- Caregivers need health insurance, sick time, vacation, mileage reimbursement
- Believe that MCOs make more money when members go to facilities
- Have to determine on the 15th of the month how many hours a worker is going to work – this is very hard and no ability to transfer hours from one worker to another