

## Case Management Redesign: Stakeholder Vision

### Governor’s Council on Developmental Disabilities

The Council is established in statute to serve as an advocate for all persons with developmental disabilities. It provides information, education, and training to build knowledge, develop skills, and change attitudes that will lead to increased independence, productivity, self-determination, integration and inclusion (IPSII) for people with developmental disabilities and their families.

#### Roles played by members of your organization in case management

The Council’s members represent recipients and providers of services, including case management.

The legislature identified eight goals that the Case Management Redesign Project should address. Please discuss or rank these goals as to their importance to your organization.

1	Develop information for case management recipients to make an informed choice of case management service provider
2	Increase opportunities for choice of case management service provider
4	Develop a statewide system to standardize case management provider standards, which may include establishing a licensure or certification process
5	Develop reporting measures to determine outcomes for case management services to increase continuous quality improvement
7	Provide waiver case management recipients with an itemized list of case management services provided on a monthly basis
7	Define the service of case management to include the identification of roles and activities of a case manager to avoid duplication of services
8	Establish rates for the service of case management that are transparent and consistent for all medical assistance-paid case management
8	Provide guidance on caseload size to reduce variation across the state

#### Principles or values that should drive the case management redesign planning process

- Person-centered thinking and planning
- Family Centered thinking and planning
- Honesty, integrity, and dignity
- Equity
- Consistency in services
- Person-centered, client-driven choice: choice of case manager and choice of services as laid out in the person-centered plan.
- Uniqueness of each individual
- Self-determination

- Flexibility of services and service provision
- Timeliness of services and responses to requests
- Accountability: case managers should be held accountable to the people they serve
- Partnership: case managers and the people they serve
- Dignity of risk
- Focus on outcomes as they are laid out in the person-centered plan
- Help-giving principles:<sup>1</sup>
  - Help promotes positive and proactive interactions
  - Offers rather than waits for help to be requested
  - Permits the person to decide to accept or reject help
  - Offer help that is based on the norms or standards of the family's culture
  - Offers help that matches the person's understanding of his/her needs
  - Offer help in which the benefit outweighs any negative impact of having to ask for help (e.g., threat to self-esteem, feeling they have to repay)
  - Offers help that can be reciprocated (re-paid) and offers opportunities to do so
  - Offer suggestions that build self-esteem and help the person experience immediate success in solving a problem
  - Promote the use of the family's natural support networks as principal ways of meeting needs
  - Promotes a sense of cooperation and joint responsibility for meeting the family needs
  - Promotes independence and the acquisition of skills and behaviors necessary to meet family needs
  - Promotes the person's abilities to see him/herself as active agents who played a significant role in improving his/her own life

List the changes that your members want to see in case management, or the aspects of case management that they want to maintain

- Create a resource library: A physical and online place for people receiving services and their families that lists and explains the resources and services that are available.

---

<sup>1</sup> Adapted from: "Guidelines for Family Empowerment" in *Enabling and Empowering Families: Principles & Guidelines for Practice*; Dunst, Carl; Trivette, Carol and Deal, Angela; Brookline Books, Cambridge, MA; 1988, p 94-97.

- Create menus of choices available so that people who are eligible for services can make informed choices
- Reasonable caseloads and requirements; hire additional case managers when the number of clients go over the limit.
- Competent Case Managers: make sure they have the skills and knowledge necessary to do the job.
- Create a delivery system based on client-driven outcomes. Make objective, outcome-based decisions.
- Open lines of communication. It should be easy to make timely contact with one's case manager. Reasonable caseloads will help fix this.
- Choice of case manager, statewide: It should not matter where the person or the case manager is located or who they work for—the person receiving services should get to choose their case manager. If a person moves from one location to another, they should be able to retain their case manager if they want to.
- Consistent expectations for service that are the same whether the case manager works for a county or for a contracted provider.
- Make it easier to get specialized on knowledge from experts rather than having to rely on a generalist case manager for everything. Establish a system with some kind of general “service coordinator” who then consults experts based on what is needed at the time. Don't expect one case manager to know all the details of every program.
- Clients should have more contact with their case managers if they choose.
- Shift the role of the case manager to be an assistant, not a manager: Many of us don't need someone managing our lives.
- There is a process in Hennepin County of having the person and family meet periodically with a team of people involved in the person's services. This works well and should be emulated.
- The person receiving services should be able to hire a Navigator to assist them in obtaining and shaping services.
- There needs to be consistency of services across counties.
- Services should be integrated enough across the state so that we can move from one place to another and expect to get the same level of services and retain our case manager if we want to.
- We need to raise expectations about what counts as a full life. It's not enough to just provide someone with assistance in activities of daily living. We also need to provide opportunities to live fulfilling lives and being productive participants in a community. Just having someone sit in front of the TV all day is NOT adequate support.
- There should be an expectation that people will be active participants in their community to whatever extent they are able. It's not enough to just give people one-on-one contact with a care-giver. They need actual group and community contact and engagement.

- Evaluations of competency of case managers: do we need more or better ways of making sure that case managers have the skills to do their jobs? Academic degrees don't determine competence: some people with degrees are not good case managers, and some people without degrees could be very good case managers. We need authentic ways of evaluating competency.
- Let the people receiving services choose their case managers, and let them decide what skills and criteria are most important to them. This is part of the dignity of risk.
- The role of the case manager should be clarified. Gatekeeper? Advocate? Facilitator? We believe that the case manager should not be a gatekeeper.

List one or two main messages that your group wants to communicate to everyone involved in case management planning

- It's not about you. People with disabilities have rights. You should know what those rights are and you should support the exercise of those rights.
- People with disabilities know their own lives best. They know what they want and what they already have.
- People with disabilities have the right to make decisions even if you don't agree with them or think they are bad decisions.