

MN Case

Management Reform

Disability Services Division
February 2013



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I. Executive summary

The 2012 Legislature required the Minnesota Department of Human Services (DHS) to develop recommendations to make changes in all Medicaid paid case management services.

Case management is a service defined by the Centers for Medicare and Medicaid Services and authorized under §1915(g) of the Social Security Act. As such, Minnesota receives federal Medicaid dollars for case management. The rate of federal financial participation for Minnesota is 50% federal dollars and 50% non-federal dollars¹.

The challenges facing Minnesota's case management system have been previously examined in several reports from DHS to the legislature that also included recommendations for reforming case management. There have been many reports to the legislature, including the 2011 report, [*Case management reform for persons with disabilities in Minnesota*](#)² and in the 2008 report, [*Mental Health Service Delivery and Finance Reform: Case Management Roles and Functions of Counties and Health Plans*](#)³

Recurring challenges identified in each of these reports include:

- Duplication of service
- Overlapping eligibility for programs
- Variation of rules, standards and reimbursement from program to programs
- Variation in quality and implementation from case manager to case manager

The 2011 legislative report recommended the continuation of Case Management Reform. Disability Services Division assembled two case management reform work groups. The Internal Work Group included staff from multiple divisions who are policy experts in case management. The External Work Group included representatives from various stakeholder groups, including counties, disability advocacy groups and service providers. The members addressed implementation barriers and analyzed data for all types of Medical Assistance paid case management services

The following is a summary of the work group discussion and decisions to date:

- Defined case management:

Case management is a process of assessment, planning, referral, linkage, monitoring, coordination and advocacy in partnership with a person and their family.

¹ Nonfederal share is paid either by state funds or county funds.

<https://www.revisor.leg.state.mn.us/statutes/?id=256B.0924&format=pdf>
<http://www.house.leg.state.mn.us/hrd/pubs/waiver.pdf>

² <http://archive.leg.state.mn.us/docs/2011/mandated/110488.pdf>

³ <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5346-ENG>

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A case manager assists with access to and navigation of social, health⁴, education, vocational and other supports and services based on the person's values, strengths, goals and needs.

- Defined the activities for all case management services:
 - Working relationship between the case manager and person
 - Assessment, including ongoing contact to evaluate effectiveness of support plan
 - Developing a plan of services and supports
 - Referral and Linkage
 - Monitoring and Coordination of services
 - Advocacy
- Created standards for individual case managers and case management providers
- Addressed case management eligibility, the person's need for the service, duplication and service gaps

NEXT STEPS:

While much work has been done the following activities remain to be completed:

- Increase opportunities for choice of case management service provider before the 2014 expiration of the federally approved 1915 (b) Waiver Selective Contracting Program. This federal authority has allowed Minnesota to administer case management for the waiver programs through county based health and social services programs. The goal will be to increase opportunities for choice and develop consistent provider standards with a focus on quality outcomes.
- Define and clarify the roles, activities and duplication of case management services compared to care coordination services being provide by managed care organizations. Care coordination is being implemented as part of integrated and coordinated primary care, continuing care, behavioral, and long term care services and supports.
- Improve integration of primary care, behavioral health services and long term care service and supports.
- Provide guidance on caseload size to reduce variation across the state.
- Develop a system that standardizes case management provider standards which may include establishing a licensing or certification process.
- Develop reporting measures to determine outcomes for case management services in order to drive continuous quality improvement.
- Ensure access, quality outcomes and culturally competent case management services for diverse communities

⁴ Includes physical and mental health

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- Evaluate the option to remove case management as a waiver service and redefine target populations.
- Identify populations to target and determine best approach.
- Review eligibility, continuing services, and discharge criteria
- Explore pricing for the service of case management that is transparent and consistent for all Medical Assistance paid case management.
- Identify changes need to the current reimbursement systems both at county and state level.
- Develop estimate of system modification cost and training costs.
- Analyze the impact of change on lead agencies including a cost analysis of changes to the case management system as a whole.

The department recommends continuing to work in collaboration with the stakeholders and bring an implementation plan back to the legislature in 2014.

II. Legislation

In 2012, the Minnesota Legislature required the department to develop recommendations to reform Medicaid case management services and to submit a report with those recommendations. The relevant legislative language is below:

LAWS of MINNESOTA for 2012 Ch. 216, Art. 12

Sec. 42. RECOMMENDATIONS FOR FURTHER CASE MANAGEMENT REDESIGN AND STUDY OF COUNTY AND TRIBAL ADMINISTRATIVE FUNCTIONS.⁵

(a) By February 1, 2013, the commissioner of human services shall develop a legislative report with specific recommendations and language for proposed legislation for the following:

(1) definitions of service and consolidation of standards and rates to the extent appropriate for all types of medical assistance case management service services, including targeted case management under Minnesota Statutes, sections 256B.0621, 256B.0924, and 256B.094, and all types of home and community-based waiver case management and case management under Minnesota Rules, parts 9525.0004 to 9525.0036. This work must be completed in collaboration with efforts under Minnesota Statutes, section 256B.4912

⁵ <https://www.revisor.mn.gov/data/revisor/law/2012/0/2012-216.pdf>

III. Introduction

Case management is a service that is provided through Minnesota's Medical Assistance program. It is defined in 1915(g) of the Social Security act as a service to assist eligible individuals in accessing needed medical, social, educational and other needed services.

As allowed by the Centers for Medicare and Medicaid Services, case management in Minnesota is designed and funded in different ways. One way is through targeting specific populations such as persons who have mental illnesses or developmental disabilities or for persons who receive long term services. Another way is as a service through home and community based waivers.

Over the years the case management system in Minnesota has become very complex. There is not one system for case management. We have multiple types of case management under different program. Some of the challenges this has caused include:

- Duplication of service
- Overlapping eligibility for programs
- Variation of rules, standards and reimbursement from program to programs
- Variation in quality and implementation from case manager to case manager

There have been many reports to the legislature on how to reform case management, the most recent in February of 2011. This report is a follow up to address the progress that has been made and makes recommendations to continue the work of this reform effort pursuant to Laws of Minnesota for 2012 Chapter 16 article 12.⁶

The recommendations for this report were developed through work group activity. The first work group was comprised of external stakeholders that represented a variety of organizations with a wide range of expertise. There are representatives from counties, tribes, advocates and service providers from all areas of the state. The members of this work group are listed in Appendix A.

Additionally, DHS staff from multiple divisions that represent the different types of case management working collaboratively in this effort to reduce gaps, duplication, and variation of rules, standards and reimbursement. As experts in the case management services of their programs, they provide information and support to the project. There is representation from the following DHS divisions: DSD, Adult Mental Health, Children's Mental Health, Aging and Adult Services, HIV/AIDS unit, Child Safety and Permanency, Purchase and Delivery Systems and the Commissioner's Office. The members of this work group are listed in Appendix A. There were twelve meetings from September 2012 to January 2013. The participants reviewed and discussed all types of Medical Assistance paid case management services to form a definition of service and a consolidation of standards. Recommendations were developed in three topic areas:

⁶ <https://www.revisor.mn.gov/laws/?id=216&year=2012&type=0>

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- (1) Definition of case management and case management activities
- (2) Standards for individual case managers and case management providers
- (3) Case management eligibility, duplication and service gaps

The effort to redesign case management has been in parallel to broader changes to the entire long-term care system. The Continuing Care Administration (CCA) is working on several long-term care services and supports reform activities that will form a new environment for the case management system.

- MnCHOICES: Will establish a uniform, comprehensive assessment and online tool for assessing needs for long-term care services that focuses on strengths, needs, and preferences. This will separate the administrative, gatekeeping functions of case management from the service of case management.
- Home and Community Based Services (HCBS) Waiver Provider Standards: Will create a system that standardizes provider qualifications and drives continuous quality improvement.
- Disability Waiver Rates System: Is a consistent, statewide rate framework to ensure consistent and transparent pricing of disability waiver services.

IV. Follow up from the 2011 Report

The case management system in Minnesota has been the focus of several reports from DHS to the legislature. The current case management structure allows many people to have access to services through home and community-based waiver or by being part a specific target group. There are also others who do not have access to the service of case management at all. The system can be difficult to navigate due to varying eligibility criteria and funding structure. An external advisory workgroup was convened in 2010 to address these issues. The [*Case management reform for persons with disabilities in Minnesota*](#)⁷ report was submitted to the Legislature to describe the work and recommendations. The Executive Summary of the 2011 Case management reform report is included as Appendix B.

The 2011 report to the legislature described recommendations that specifically addressed policy changes for case management. A work group was utilized in an advisory capacity for the recommendations to the DHS.

The recommendations included:

- Separate the functions of and payment for the administration and service of case management; change the name of the service of case management to service coordination. Keep case management as a waiver service and develop a targeted case management service for persons with developmental disabilities who are not on a waiver.
- Build on current strategies to improve the efficiency in the administration and provision of case management.

⁷ <http://archive.leg.state.mn.us/docs/2011/mandated/110488.pdf>

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- Eliminate Personal Care Assistance from the definition of Excluded Time in Mn. Stat., Chap. 256G.02, subd. 6. Examine the Unitary Residence Act especially as it relates to long-term care services and conduct a study to determine the effect of changes in County of Financial Responsibility and County of Residence.
- Change Host County Concurrence to Host County Notification.
- Increase opportunities for consumer choice of case management service coordination; develop provider qualifications and a rate for the service of case management service coordination

To date the following changes have been made:

A. Separate the functions of and payment for the administration and the service of case management

Changes in statute have delineated the administrative, gatekeeping functions of case management from the service of case management. Those changes are being implemented through the MnCHOICES initiative. This will establish a uniform, comprehensive assessment and online tool for assessing needs for long-term care services that focuses on strengths, needs, and preferences.

This tool will take the place of all other assessments that are currently used for determining eligibility for waiver programs, personal care assistance and private duty nursing. An assessor will gather information about institutional level of care and diagnostic information to determine eligibility. MnCHOICES assessment gathers information about community membership, important relationships, employment, health, wellness and safety. The case manager will use the assessment to facilitate the support planning process with the person. The case manager will then monitor the plan and make changes with the person as needed.

B. Elimination of Personal Care Assistance from the Definition of Excluded Time

MN Statute 256G.02, Subd. 6⁸, includes a provision for “excluded time.” According to this provision, the time during which a person is living in a specified facility (e.g., a hospital, nursing home, or foster home) or is receiving certain specified services, would be “excluded” for the purposes of determining which county is financially responsible for the person. Personal Care Assistance (PCA) is one of the specified services in this statute.

The 2011 report recommended eliminating PCA as an excluded time service for purposes of determining county of financial responsibility. In the event that a service recipient moves to a different county, the new county in which a recipient lives would now become the county of financial responsibility for PCA services.

Legislation passed in 2012 to move forward with this recommendation. This change was effective of August 1, 2012 and implemented statewide.

⁸ <https://www.revisor.mn.gov/statutes/?id=256G>

C. Change Host County Concurrence to Host County Notification

The 2011 report made the recommendation to change host county concurrence to host county notification by amending 256B.092, subd. 8a⁹. This legislative change was effective on August 1, 2012. This change expanded these requirements to all individuals receiving services through the disability waivers.

Host county notification is an exchange process between the county of financial responsibility and the host county. This process requires the county of financial responsibility to notify the proposed county of service if the person wishes to receive services in that county and to facilitate support planning.

D. Expand Case Management Reform Work Group Membership

The 2011 report made the recommendation to expand the work group that was primarily comprised of Disability Services Division staff and stakeholders with disability service experience, to include other areas of the department that are responsible for the various types of case management. An Internal Work Group was formed, consisting of staff from multiple divisions. As experts in the case management services of their programs, they will provide information and support to address the challenges of overlapping eligibility, variation of program rules, standards and reimbursement and duplication within the system. There is representation from Disability Services Division, Adult Mental Health, Children's Mental Health, Aging and Adult Services, HIV/AIDS unit, Child Safety and Permanency, Purchase and Delivery Systems.

The membership of the external work group was also expanded included stakeholders representing a variety of organizations with a wide range of expertise working with various populations from counties, tribes, advocates and service providers from all areas of the state. The group expansion required a review of the past work and recommendations of case management reform. The participants reviewed information about the definition, activities and eligibility for all the different types of medical assistance paid case management. The goal was to understand the similarities, differences and inconsistencies across case management services.

V. Work Group Activities and Recommendations

Currently, Minnesota has a county-based case management service infrastructure. State law specifies that counties provide case management services under Minnesota Statutes §256B.49 subd.13¹⁰ and §256B.0915 subdivisions 1a and 1b¹¹. All counties are enrolled providers and have a Medicaid provider agreement with DHS. Federally recognized tribes who contract with the DHS may also provide case management services. Health plans also provide case management through managed care for seniors 65 and older. The tribes must be enrolled providers and have a Medicaid provider agreement with the DHS.

⁹ <https://www.revisor.mn.gov/statutes/?id=256B.092>

¹⁰ <https://www.revisor.mn.gov/statutes/?id=256B.49>

¹¹ <https://www.revisor.mn.gov/statutes/?id=256B.0915>

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Case management can be designed and funded in different ways. Under §1915(g) of the Social Security Act, states may target a subset of Medicaid beneficiaries to receive case management services as a State plan benefit¹². This form of case management, known as “targeted case management,” is a Medicaid state plan service and an entitlement to persons who are eligible and receiving Medical Assistance. Minnesota has several targeted case management groups:

- Vulnerable Adults and Adults with Developmental Disabilities
- Child Welfare Targeted Case Management
- Mental Health Targeted Case Management for Children or Adults
- Relocation Service Coordination

Case management can also be a service that is provided in home-and community-based services (HCBS) waiver programs. In Minnesota, persons enrolled in an HCBS waiver program are required to receive case management as one of the covered services. Minnesota’s five HCBS waivers include:

- Community Alternatives for Disabled Individuals
- Traumatic Brain Injury
- Community Alternative Care
- Developmental Disability
- Elderly Waiver

The workgroups compared and discussed the different types of case management to redesign the system. The topics and decisions are described below.

A. Definition of case management and activities

The MnCHOICES¹³ initiative will establish a uniform and comprehensive assessment tool that will be used to determine eligibility for long-term care services and supports. This change will facilitate separating the functions of and the payment for the administrative activities and service of case management. Lead agencies (counties, tribes and managed care organizations) will be responsible for eligibility determinations, removing the gate-keeping function from the service of case management. This will allow case managers to focus on developing a partnership with the person to obtain the person’s goals.

The work groups were presented with information about all types of case management services including statute references and policy manual descriptions for case management. A common definition and list of service activities for case management was developed. This definition and the corresponding activities will be the foundation for redesigning the system to have a standard expectation of case management as a service.

The participants agreed to the following definition for all case management services:

¹² http://www.chcs.org/usr_doc/CMS_Medicaid_Targeted_Case_Management_Rule.pdf

¹³ http://www.dhs.state.mn.us/main/id_054837

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- Case management is a process of assessment, planning, referral, linkage, monitoring, coordination and advocacy in partnership with a person and their family.
- A case manager assists with access to and navigation of social, health, education, vocational, and other supports and services based on the person

The service activities were grouped under the main functions of case management that are required to provide eligible individuals with help to access, coordinate and monitor needed medical, social, educational or other services.

The participants recommended that the overarching priorities of any case management activity need to be empowering and person-centered. The person should direct what services they want to meet their goals. The case manager is a partner to align the person's preferences to meet their health and safety needs. Advocacy has not been included as an activity in all types of case management, but it was included in the definition and activity list.

The participants agreed to the following list of activity groups for all case management services:

- Working relationship between the case manager and person
- Assessment, including ongoing contact to evaluate effectiveness of support plan
- Developing a plan of services and supports
- Referral and Linkage
- Monitoring and Coordination of services
- Advocacy

The working relationship between the person and the case manager is essential for all case management activities. The case manager needs to discuss their role including the expectations, boundaries, goals and closure process if services are no longer needed. A partnership needs to be formed to empower the person and support their choices. Building rapport and trust is an activity that happens during all other case management activities.

The case manager will receive standardized assessments like MnCHOICES or a diagnostic Assessment. The case manager will use the assessment information to facilitate the support planning process with the person. The case manager is involved in the process of ongoing assessment that includes contact with the person to evaluate the effectiveness of the support plan. The priority is to focus on facilitating a person-centered process in a partnership. If there are changes in the need for supports and services, the case manager will communicate that to the MnCHOICES assessor.

At any time the case manager may need to connect the person with services to meet additional goals or needs. This referral and linkage activity requires awareness of the other programs and services that exist in the community. The case manager can navigate multiple and often complex service systems on behalf of the person to ensure a successful support plan.

Successful outcomes also require monitoring of services and supports. The case manager needs to ensure that the services are working well through contact with the person and their support network. When there are barriers to helping a person meet their goals, a case manager has to advocate on behalf of the person and empower them to advocate for themselves.

B. Standards for individual case managers and case management providers

The initiative for Home and Community Based Services Waiver Provider Standards¹⁴ is creating a system that standardizes provider qualifications and strives for improving the quality of services. Case management reform will ensure that the service of case management be consistent and driven by providing meaningful outcomes for people.

The participants discussed what values, skills and knowledge are needed to complete the activities of case management. The recommendation is to institute continuing education hours for all case managers. This would provide expectations for standardized training and technical assistance provided by DHS. One of the challenges of the case management system has been defined as having variation in quality from county to county and case manager to case manager. The ongoing training requirement would enhance skills, improve consistency in the activities of case management and update best practices. The goal is to create a system for quality assurance.

The next steps will be to develop training tools to support the knowledge and skills that are needed by case managers. The topics of training and required hours will need to be established in addition to the process for implementation.

The key goals of creating standards are to:

- Have consistent foundation standards for those delivering case management services
- Have an additional level of standards to support unique populations
- Increase provider enrollment to support choice for case management services
- Improve monitoring statewide to ensure consistency
- Provide quality assurance for the service of case management

C. Case management eligibility, duplication and service gaps

The case management system can be complex and confusing for people accessing services. The challenges include overlapping eligibility for programs, variations on rules, standards and reimbursement from program-to-program. Case management is provided through several different division of county social services, i.e., disability services, mental health, aging, child welfare. These factors may lead to multiple case managers working with the same person.

¹⁴ http://www.dhs.state.mn.us/dhs16_172393

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The work groups discussed the currently eligibility criteria for the different types of case management services. Our current system looks at a variety of criteria for eligibility based on the type of case management being provided. For example, the disability diagnosis for waiver case management or recent service utilization for mental health targeted case management. The work groups discussed that the goal should be to provide case management services to people based on their need for the service. An additional goal is to support people in acquiring the skills and support networks and reduce reliance of the case manager when possible. The frequency and duration of case management should depend on a person's need and preferences.

Discussing eligibility often led to questions about payment methodology and how it can vary depending on what type of case management service is being provided. The work groups will continue to discuss standardizing the payment structure.

VI. Continue the work of the design and implementation of case management reform

While much has been accomplished, there remain many details to operationalize for successful implementation of case management reform. The department recommends continuing the Case Management Reform Work Groups to complete the work and develop an implementation strategy for the changes.

Additional next steps of the work include developing recommendations for:

- Increase opportunities for choice of case management service provider before the 2014 expiration of the federally approved 1915 (b) Waiver Selective Contracting Program. This federal authority has allowed Minnesota to administer case management for the waiver programs through county based health and social services programs. The goal will be to increase opportunities for choice and develop consistent provider standards with a focus on quality outcomes.
- Define and clarify the roles, activities and duplication of case management services compared to care coordination services being provide by managed care organizations. Care coordination is being implemented as part of integrated and coordinated primary care, continuing care, behavioral, and long term care services and supports.
- Improve integration of primary care, behavioral health services and long term care service and supports.
- Provide guidance on caseload size to reduce variation across the state.
- Develop a system that standardizes case management provider standards which may include establishing a licensing or certification process.
- Develop reporting measures to determine outcomes for case management services in order to drive continuous quality improvement.
- Ensure access, quality outcomes and culturally competent case management services for diverse communities.
- Evaluate the option to remove case management as a waiver service and redefine target populations.

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- Identify populations to target and determine best approach.
- Review eligibility, continuing services, and discharge criteria
- Explore pricing for the service of case management that is transparent and consistent for all Medical Assistance paid case management.
- Identify changes need to the current reimbursement systems both at county and state level.
- Develop estimate of system modification cost and training costs.
- Analyze the impact of change on lead agencies including a cost analysis of changes to the case management system as a whole.

VII. Appendix

Appendix A:

Case Management Reform External Work Group

Name	Organization
Armando, Angela	Institute for Community Integration
Anderson, Kirsten	Lutheran Social Services
Barker, John Wayne	MnDACA
Brand, Ron	MN Association of Community Mental Health Providers
Carlquist, Elaine	PrimeWest Health
Conrath, Milt	ARC Minnesota
DelCastillo, Sandy	UCare
Eide, Ed	Mental Health Association of Minnesota
Henry, Anne	Disability Law Center
Klinkhammer, Pete	Brain Injury Association
Kolnes, Audrey	White Earth
Kunkel, Peggy	Association of Residential Resources in Minnesota
Lee, Catie	PrimeWest Health
McGeehan, Susan	Medica
Megan, Lynn	MN Habilitation Coalition
Mohs, Meghan	MN Association of County Social Service Administrators
Napoli, Annie	MN Association of County Social Service Administrators
Snegosky, Laurie	Local Public Health Association
Thompson, Traci	Washington County

Case Management Reform Internal Work Group

Name	Department of Human Services Division
Beachem, April	HIV/AIDS
Greer, LaRone	Children's Mental Health
Krinkie, Susan	Child Safety and Permanency
Kvendru, Sue	Purchase/Delivery Systems
Maruska, Deb	Purchase/Delivery Systems
McGurran, Mary	Adult and Aging Services
Rossett-Brown, Libby	Adult and Aging Services
Siebenaler, Deb	Adult and Aging Services
Seurer, Richard	Adult Mental Health
Benjamin, Diane	Disability Services
Erkel, Pam	Disability Services
Olson, Jessica	Disability Services
Smith, Shannon	Disability Services

EXECUTIVE SUMMARY

The 2010 Legislature required the Minnesota Department of Human Services (Department) to develop recommendations and propose legislation to make changes in case management for persons with disabilities in Minnesota.

Case management is a service defined by the Centers for Medicare and Medicaid Services (CMS) and authorized under §1915(g) of the Social Security Act. As such, Minnesota receives federal Medicaid dollars for case management. The rate of federal financial participation for Minnesota is 50% federal dollars and 50% non-federal dollars.

The challenges facing Minnesota's case management system have been previously examined in several reports from DHS to the legislature that also included recommendations for reforming case management. There have been three reports in this decade alone; the most recent is the 2007 report, "Redesigning Case Management Services for People with Disabilities in Minnesota." Recurring challenges identified in each of these reports include:

- Increased choices creating increased demands for scarce resources
- Tensions created by limits on services
- Duplication and redundancy
- Overlapping eligibility for programs
- Variation of rules, standards and reimbursement from program-to-program
- Inequities from group to group
- Multiple assessment processes
- Variation in quality from county to county and case manager to case manager

It is important to note that the Department began several long-term care reform initiatives that were funded during the 2009 legislature. Combined, these initiatives will fundamentally change Minnesota's long-term care system. Accordingly, they will establish the new environment for the case management system as recommended in this report. The reform initiatives include:

- MnCHOICES – The MnCHOICES initiative will establish a uniform, comprehensive assessment process for determining eligibility for long-term care services, including home- and community-based services, and redefine the components of case management as service and administrative functions.
- Provider Enrollment and Provider Standards Initiative (PEPSI) – PEPSI will create a consistent statewide mechanism for enrolling providers and enhancing provider standards that will bring the state into compliance with federal and state requirements, streamline administrative activities for lead agencies and providers, create a provider verification system for lead agencies to identify enrolled providers, develop and evaluate strategies to monitor the performance of

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providers in the form of a provider framework and develop a DHS agreement with lead agencies based on newly defined roles.

- **Rate-Setting Methodology Initiative (RSMI)** – RSMI will create statewide rate setting methodologies for waiver services that will bring DHS into federal compliance, identify components of each waiver service, determine standard values for each service component and establish methodologies to create rates based on service components and individual needs.

The 2010 case management legislation outlined the following three areas to consider:

(1) define, and improve funding for, administrative and service functions of case management; (2) standardize and simplify case management processes, standards, and timelines; and (3) increase consumer choice of case management. The legislation also instructed the Department to give consideration to the recommendations from the 2007 report, “Redesigning Case Management Services for People with Disabilities in Minnesota.”

This report provides a summary of the analysis and the recommendations made. These include next steps/implementation recommendations, if any, and associated costs, where applicable, for each of the following recommendations:

- **Separate the functions of and payment for the administration and service of case management; change the name of the service of case management to service coordination. Keep case management as a waiver service and develop a targeted case management service for persons with developmental disabilities who are not on a waiver.**
- **Build on current strategies to improve the efficiency in the administration and provision of case management.**
- **Eliminate Personal Care Assistance from the definition of Excluded Time in Mn. Stat., Chap. 256G.02, subd. 6. Examine the Unitary Residence Act especially as it relates to long-term care services and conduct a study to determine the effect of changes in County of Financial Responsibility and County of Residence.**
- **Change Host County Concurrence to Host County Notification.**
- **Increase opportunities for consumer choice of case management service coordination; develop provider qualifications and a rate for the service of case management service coordination.**

While the 2007 case management report identified costs of recommended changes in their report, the data was from 2005. The Department will need to redo the cost analysis of these recommended changes.

Finally, the Department recommends continuing the Case Management Reform Work Group in 2011 to address implementation barriers, analyze data, etc., and expanding the Work Group to include other areas of the Department, i.e., Mental Health, Aging and Adult Service, Children

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and Family Services. This will allow the Department to more broadly implement the vision of this report while tackling barriers.