



**MO HealthNet Managed Care  
Case Management Task Force  
August 30, 2011—9:00 AM-10:30AM  
Conference Call Number – 573-526-5398/866-630-9345**

**Minutes**

**ATTENDEES**

**MO HealthNet Division**

Andrea Smith

**Department of Mental Health**

Dr. Laine Young-Walker

Dr. Patsy Carter

**Blue Advantage -Plus**

Sandy Weiderquest

**Children's Mercy Family Health Partners**

Ma'ata Toulsee

**New Directions Behavioral Health**

Michelle Hills

**Harmony Health Plan of Missouri**

Carl McLean

**Magellan**

Eileen O'Toole

**HealthCare USA**

Tasha Smith

**MHNet**

Molly Nowak

Scott Frederick

**Molina**

Christine Cybulski

### **CompCare**

Dan Kane

### **Missouri Care**

Melody Dowling  
Archie Hamilton

### **Mid Missouri Legal Services**

Steve Kunz

### **Behavioral Health Concepts**

Mona Prater

### **Welcome/Introductions**

Michelle Hills opened the meeting at 10: 03 AM.

### **Review of minutes from 8-9-11**

Minutes were then approved with no changes.

### **Follow up discussion of identification of members in case management**

**Harmony, MHNet and New Directions reported initiating field outreach strategies that include:**

- **CMHC staff conducting member assessments prior to discharge and referrals to community based programs**
- **MHNet staff meeting with members/families to facilitate discharge planning and referrals into case management**
- **Harmony recommended having care managers meet members at providers offices for a face to face meeting to enhance member engagement.**

### **Report from Task Force Subgroups.**

Engagement and maintenance of members in case management

### **Volunteers**

Melody Dowling – Missouri Care  
Archie Hamilton – Missouri Care  
Ramona Kaplenk – Harmony

Melody Dowling presented the following for Subgroup: Engagement of and Maintaining the Members in Case Management:

#### *Techniques used to engage members in case management*

- Motivational Interviewing training for case managers
- On-site case management-face to face case management
- Meeting member at provider visit
- CM on-site in provider office
- Do something for the member (arrange the appointment, arrange transportation, etc)
- Keep commitments (call member when promised, follow-up on issues important to the member)
- Start slow – don't overwhelm the member with multiple tasks, goals, etc

#### *Barriers to successful engagement*

- Poor demographic information
- Social and economic issues for the member

- Member must “agree” to case management
- Initial assessment must be completed in 30 days
- Lack of member incentive programs
- Timeline for state approval
- Too many case managers in the member’s life
- Member doesn’t see a need for case management

Other members of the Subgroup offered the following strategies:

- Missouri Care: The member may have a community case manager, FSD case manager and a health plan case manager. The role of the health plan case manager is to coordinate the care between all the agencies/providers involved.
- MHNet: Started face to face discharge planning. The reaction from the facilities is mostly positive. Most member and families have been receptive of the strategy. The case manager is also the discharge planner. MHNet has instituted cost and service utilization metrics
- Mid MO Legal Services agreed that face to face prior to discharge was a good strategy and recommended that the health plans look for other opportunities to do face to face case management. Part of engagement is the member trusting the health plan staff.

Ms. Dowling offered the following:

*Technology tools to assist in engagement*

- Automated system for tasks/reminders
- Conversational approach for assessments built into system
- Parking lot – start with most immediate need and place other issues in “parking lot” for future work
- On-site documentation capability – document from member’s home, provider office, etc
- Text-messaging
- Social network sites

*Educational Resources*

- Clinical Practice Guidelines
- CMSA
- CMS
- Krames
- NAMI

Michelle Hills facilitated a summation of the meeting. The members found helpful the discussion regarding the

- Use of technologies,
  - Face to face case management activities, and
- Documentation of case management should include utilization management and care coordination.

**Next meeting scheduled for 9/23/11 from 3:30PM to 5:00PM**