

**MO HEALTHNET MANAGED CARE  
CASE MANAGEMENT TASK FORCE**

**Meeting Minutes / September 23, 2011 / 3:30 - 4:30 p.m.**

**I. Attendees:**

**MO HealthNet Division**

Andrea Smith

**Department of Mental Health**

Dr. Laine Young-Walker

Dr. Patsy Carter

**Blue Advantage -Plus**

**Children's Mercy Family Health Partners**

**New Directions Behavioral Health**

Michelle Hills

**Harmony Health Plan of Missouri**

Carl McLean

Carol Lee

Karen Gibson

Claudia Brown

**Magellan**

Eileen O'Toole

**HealthCare USA**

Tasha Smith

**MHNet**

Molly Nowak

Scott Frederick

Molina

April Gross

**CompCare**

Dan Kane

**Missouri Care**  
Archie Hamilton  
Jeanette Hagen

**Mid Missouri Legal Services**  
Steve Kuntz

**Behavioral Health Concepts**  
Mona Prater

**II. Greeting/opening comments by Michelle Hills**

**III. Topic: Documentation of Case Management Activities**

A. Ms. Hills pointed out that documentation requirements are driven by the provisions of the RFP, NCQA requirements, and standard practices.

B. The pertinent RFP provision is section 2.11.

**IV. Care Plan: Use of clinical practice guidelines (CPG's)**

A. Discussion:

1. CPG's should be expressly referenced in the case management progress notes.
2. The notes should reflect the member's individual needs assessment.
3. All case management interventions must relate to the member's needs assessment.
4. The notes should also document efforts to coordinate with other resources.
5. The notes should document efforts to educate members.
  - a) Education empowers members by increasing health care literacy.
  - b) Health care literacy includes: 1) identifying the member's problem/s, 2) specifying goals to address the problem, and 3) recognizing why it is important to meet those goals.

6. There was a recognition of the importance of engaging members in-person at discharge, particularly those who are deemed "high-risk" for readmission.

## **V. Tracking mechanisms**

### **A. Discussion:**

1. Tracking methods include narrative entries into the case management record and a tickler system to insure progression toward treatment goals.
2. Documentation of specific events must be done at the time the event occurs.

NOTE: The importance of documentation as a means of recording events in the case record was an underlying theme in all the discussions. "If it isn't documented, it didn't happen."

## **VI. Documentation of short and long term goals**

### **A. Discussion:**

1. Goals should be measurable and well-documented.
2. Documentation should include specific notes as to when goals are achieved.

## **VII. The criteria for case closure set out in RFP 2.11.1 must be observed.**

### **A. Discussion:**

1. Documentation should reference at least three processes addressed prior to case closure.
2. Documentation should note the reasons why case management is refused or declined.
3. Documentation should include all outreach efforts.
4. Internet social networks (i.e. Facebook and Twitter) can serve as a source of information (including location information) concerning members.

## **VIII. Case management templates**

### **A. Discussion:**

1. Use of the Mercer Audit Tool (MAT) was suggested as a template to document progress in case management and utilization management.

a) The group expressed concern about the over-all length of the MAT.

b) It was suggested that perhaps the MAT could be abbreviated to make it more manageable.

c) In terms of time management, the group recognized the challenge that detailed documentation poses to performing the other responsibilities of case management.

## **IX. The next general meeting is set for October 25, 2011 at 11:00 a.m.**

1. An ad hoc subgroup was established to determine an agenda to address the development of case management reports as a tool for measuring progress.