

## **Case Management**

### **Overview**

In response to requests for assistance by two members, the National Association of States United for Aging and Disabilities (NASUAD) sent a survey to all states on February 3, 2012, asking for information about Medicaid funded Long-Term Services and Supports (LTSS).

### **Methodology**

An online survey instrument sent to all states included 30 questions focusing on three topics: 1) consumer-directed services and related processes; 2) assessments, reassessments and care plans; and 3) case management. A total of 16 states responded, with four filling out separate surveys for multiple programs. The 16 states provided information about 27 programs.

Because the topics of the survey were diverse, the results will be presented in three separate summary issue briefs. This summary focuses on the third topic--case management. Throughout the summary, when a percent is shown it is based on the respondents and is not a percent of the total number of states.

### **Trends**

Four overall trends emerged:

- It is more common for state programs to provide and pay for case management as a service than it is for them to pay for it as an administrative cost.
- There is a wide range in reimbursement rates for case management services.
- There are more state programs that do not limit the amount of case management services than programs that do.
- Programs that have recently switched from funding case management as an administrative cost to funding it as a service, or who are considering doing so, have not encountered barriers to doing so.

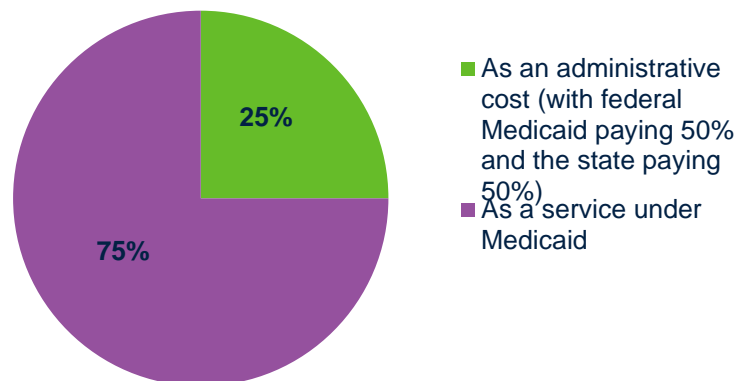
## Role of State Agencies on Aging and Disability with Waivers

The first question NASUAD asked under this topic is whether the State Agencies on Aging and Disability is the administering state agency for one or more Medicaid waivers. Sixteen (70 percent) state programs answering this question, replied “yes”.

## Case Management: Service or Administration?

Twelve (three-quarters) of the programs that administer one or more Medicaid waivers pay for case management as a service. Four programs pay for case management as an administrative cost.

**Medicaid-Funded Case Management Service Payment**



## Case Management Reimbursement Rate

States were asked what rates and at what intervals they pay for case management as a service. There is a variety of reimbursement rates:

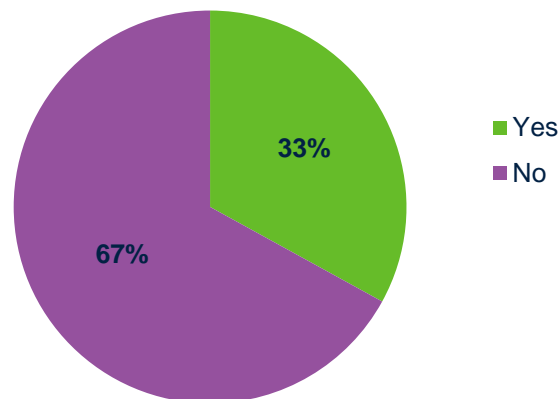
- Two programs indicated that they have monthly rates. One pays \$179.87 per month. The other pays \$200 for the initial month and \$95 for every month thereafter.
- Two other programs said their rates are based on 15-minute intervals, with one paying \$4.25 and the other paying \$19.25 to \$25.75.
- Two programs stated that they pay by the hour, with one at \$37.62 and the other at \$45.36.
- Another program said it pays \$8.52 per day, while yet another said it pays \$100 per year.
- Two programs in the same state pay by the encounter with \$92.80 for a “comprehensive” encounter with \$30 each for up to three follow up encounters.

Only two respondents provided information about the cost components of the rate for case management and other factors taken into account in setting the rate for this service. One answered that their rate is made up of three cost areas: direct care (case management staff wages, payroll taxes and benefits), facility and operations costs, and administrative costs. The other respondent mentioned that rates are based on cost and time tracking methods approved in the cost allocation plan.

### Case Management Limits

When NASUAD asked whether a maximum amount of time for case management is limited per consumer, eight respondents (two-thirds) answered “no”.

**Time for Case Management Limited per Consumer?**



The four programs that do have a limit on the maximum amount of time for case management reported the following:

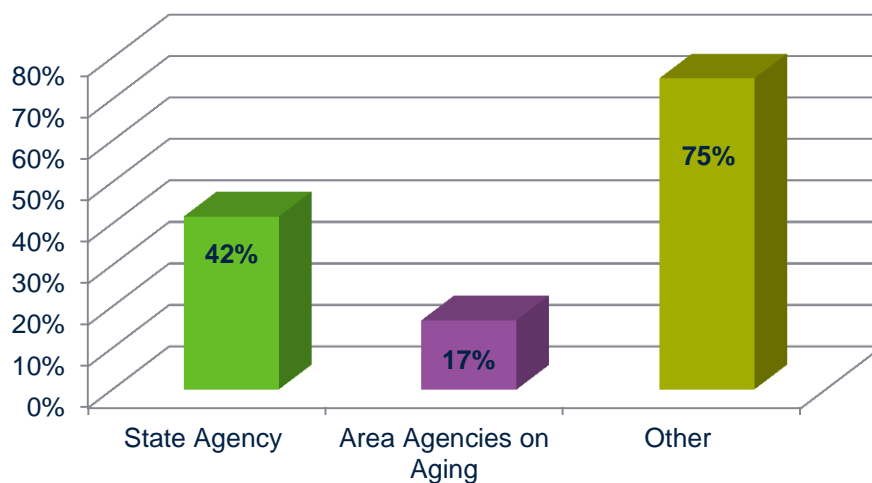
- 104 hours or 416 ¼ hour units per year
- 5 days per week; 52 weeks per year
- 30 hours per week
- 1 unit per year at \$100

NASUAD also asked whether the maximum amount of time is limited per case manager and whether the maximum amount of time is limited per case manager per day. All 12 programs answered “no”.

## Who Receives Funding for Case Management?

States were asked who receives Medicaid funding for case management provided as a service. Nine respondents identified “other”, five states indicated that a state agency receives funding, and two programs identified area agencies on aging.

**Who Receives Funding for Case Management?**



Among the entities identified in the “other” category are:

- Contracted Medicaid providers.
- Local intellectual disability authorities.
- Counties/managed care organizations and Tribes.

## Do Providers of Case Management Also Provide Other Services?

Nine respondents (56 percent) said providers of case management services also provide other services. Other services identified include the following:

- Two programs mentioned home-delivered meals.
- Five programs mentioned personal care and/or other home-based supportive services either alone or as one of a wide range of services.
- Three programs mentioned that there are requirements to assure that there are no conflicts of interest. For example:

- An entity may provide personal care services, but not to those receiving care management services.
- The contract requires a separation between provider functions and case management functions.

### **Recent or Planned Changes in Case Management**

NASUAD asked whether states have encountered barriers if they recently have switched from Medicaid administrative funding for case management to funding it as a service or are in the process of doing so. All four respondents replied “no”. Only one program indicated that it is considering paying for case management as a service rather than as an administrative cost within the next 1-2 years.