

Final Recommendations of Care Management Subcommittee as approved by the ULTCB  
Workgroup on 3/13/2008

1. The Unified Long Term Care Budget Work Group should adopt the following definition for care management: Care Management is a holistic, collaborative, consumer-driven process for the provision of quality culturally competent, health and supportive services through the effective and efficient use of available resources in order to maximize the individual consumer's quality of life based on his/her capacity and preferences. This definition should be reviewed as each phase of the Unified Long Term Care Budget is implemented.
2. The subcommittee recommends that this definition for care management be adopted and implemented for all consumers receiving long-term care services and supports. This may include changing the definition of care management in waiver applications, the state plan, and any related administrative codes.
3. The role of the care manager is to:
  - a. Coordinate and collaborate with all available funding sources
  - b. Assess ongoing eligibility for long term care services and supports
  - c. Assess service needs; authorize the long term services and supports identified as part of the unified long term care budget to meet those needs acknowledging that certain services (example nursing facility and PACE) are fundamentally responsible for managing specific services and supports; and monitor the provision of quality, culturally competent health and supportive services.
  - d. Use available resources efficiently and effectively.
  - e. Maximize the individual consumer's quality of life based on his/her capacity and preferences.
4. Care management activities should be guided by the principles of consumer direction and person centered planning.
5. It is important to eliminate any potential conflict of interest within the unified long term care budget (ULTCB) system of services. Therefore ULTCB care management shall not be provided by an entity/agency providing direct services funded by the ULTCB.
6. Every individual receiving services or supports identified as part of the unified long term care budget would benefit from some level of care management. The minimal level of care management might be as simple as a periodic review of functional eligibility to validate the continuing eligibility for the services and supports provided within the long term care budget framework. More intensive level of care management may include activities such as developing care plans, authorizing services, referring and linking to services, monitoring and follow up activities to ensure the individual's needs are being met and the individual is satisfied with the services would be provided based on the individual's needs and preferences.

7. Establish protocols and standardized criteria to guide the degree of care management.
8. Develop a mechanism to identify the common consumers enrolled on the Medicare or Medicaid managed care plans and receiving long term care services and supports.
9. Use a memorandum of understanding, or similar vehicle, between Medicare or Medicaid managed care plans and care management entities to support coordination of services and benefits.
10. Explore the potential of using computerized HIPAA compliant personal health care record.