

Notes from February 21st Access/Service Coordination Meeting

11:00 AM Brainstorming Session

1. PROBLEMS AND BARRIERS

- Lack of staffing/formal caregivers in the home.
- Service standards in the home too prescriptive- more wrap around and accumulated services needed.
- Service providers requesting a minimum number of hours for service for participants. Higher than the participant needs. Suggestion was to look at possibly paying for travel time.
- Care management services are more time consuming than the actual in-home services.
- Experiencing competition from insurance companies who are targeting caregivers.

2. PRIORITY ISSUES

- Standards: need to revise, create new
- Define and quantify the value of care management (finding a tool or formula to use in a business model of the value of CM)
- Multi-Year Plan: What should/does your CM look like? What are your continuums? Why is CM important? What is the local focus and why? What is your rationale?
- Explore ways to showcase why the aging network can compete with managed care for CM and other services.

3. SOLUTIONS

- In home service definition more wrap-around rather than prescriptive.
- Pay for travel/mileage for 1-2 hour case for service providers.
- More staff, care coordinators, to help people through the options rather than just in-home services.
- More state funds for care management
- Explore Targeted Case Management. (TCM)
- Develop ways to quantify (put a value on) care management services. (Definition/evaluation).
- Do cost comparisons between aging network and other providers.
- Define measures of quality for comparison.
- Look at accreditation process and see what can be highlighted as a value-added service.