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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

VonTija Dean-EL

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2019

Abstract

Understanding Social WorkersøRoles Providing Case Management

to Medicaid Managed Care Enrollees

by

VonTija Dean-EL

MSW, The Ohio State University, 2008

BA, The Ohio State University, 2003

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2019

Abstract

Social workers often take on the role of providing case management to Medicaid recipients; however, there is little clinical research on social workersø perceptions of their case management role. The purpose of this study was to develop an understanding of the social worker case management role by exploring social workersø perceptions of their roles when providing case management to Ohio Medicaid managed care enrollees. This action research study was grounded in organizational role theory. A semi structured focus group was facilitated using open-ended questions related to social workersø role perceptions, role conflict, role ambiguity, case management, and managed care. Qualitative data were collected from 5 licensed Ohio social workers working as case managers with clients enrolled in an Ohio Medicaid managed care plan. The data were coded and analyzed using constant comparison analysis to identify relevant themes. Four themes emerged from the data: care coordination, role conflict and ambiguity, lack of social work influence in managed care, and resources. The findings of the study may serve as a step toward filling gaps in the understanding of the role of social workers who provide case management services to Ohioøs Medicaid managed care enrollees. The findings may also be used to effect positive social change by increasing stakeholdersø understanding of social workersø roles in case management and encouraging stakeholders to take steps to identify and address possible role conflict and ambiguity.

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Dedication

Given honor to God, who is the head of my life. I thank God for interceding when I wanted to quit this journey and giving me the determination to finish the doctoral journey and impact social change. I dedicate this project not only to Him, but also to my husband, Hashim; my daughter, Morgan; my son, Myles; and other family and friends who have supported me and my dream. I would also like to dedicate this project to the participants who took time to participate in research that has the potential to influence change in the social work profession. Lastly, I dedicate this project to my mother, Kaja Elizabeth Law, who, although now deceased, spoke doctoral life into me and knew in 2008 that I would become a doctor in the field of social work.

Acknowledgments

I would like to acknowledge and thank my doctoral committee Dr. Tami Frye, Dr. Debora Rice, Dr. Cynthia Davis, and Dr. Alice Yick for encouraging and supporting me throughout this process. I would also like to thank my colleagues Dr. O and Anthony for keeping me encouraged throughout this journey. Lastly, I would like to acknowledge and thank my employer and supervisor for supporting me through this journey.

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Section 1: Foundation of the Study and Literature Review

In 2016, $565.5 billion were spent on Medicaid in the United States (Centers for Medicare and Medicaid Services, 2018), representing 3.9% growth in Medicaid spending from 2015-2016 (Centers for Medicare and Medicare Services, 2018). Medicaid spending in the United States has been trending upward for decades, resulting in many federal and state attempts to reduce Medicaid expenditures. In 1982, the United States began experiencing steady growth in Medicaid costs resulting in many states contracting with managed care organizations (MCOs) to manage their Medicaid programs and reduce expenditures (Peterson & Hyer, 2016). Utilization of MCOs to administer Medicaid programs has continued to grow through the present year (2019) with recent expansions.

Ohio is one of many states that have expanded contracts with managed care as a measure to reduce Medicaid expenditures (Iglehart, 2011). Over the past three decades, Ohio has been mandating and transitioning recipients within the Medicaid programs to Medicaid managed care (MMC) programs under the guidelines of its Medicaid managed care plans (MCPs). Most Ohio Medicaid recipients are eligible to participate in an MMC program. As of March 2018, more than 2.7 million Ohio residents were receiving Medicaid benefits. Ohio has contracted with five MCPs throughout the state to manage Medicaid expenditures. These five MCPs provide MMC programs that manage expenditures for 2.4 million of Ohioøs Medicaid enrollees (Managed Care Enrollment, 2018).

The shift from traditional Medicaid to managed care has been a developmental process that continues to be refined. When Ohio first implemented managed care in 1984

in Cleveland, audits found serious quality problems. However, despite the findings, the state allowed managed care operations to expand to other Ohio cities (Dallek, 1996).

An analysis conducted on the managed care experience from 1991-2003 showed that some managed care programs produced cost savings by reducing inpatient use; however, the impact of the overall savings of mandated states was found to be varied (Charlson, Wells, Kanna, Dunn, & Michelen, 2014). Although the shift from fee-for-service Medicaid to managed care was predicted to save states billions of dollars, the impact on the quality of health care for beneficiaries has been unknown (Charlson et al., 2014).

Ohio proposes that the benefits of its MCPs include expanded access to care, care management, care coordination, and dedicated points of contact for members, including a nurse advice line (Managed Care Enrollment, 2016). Care coordination and case management are huge initiatives for Ohioøs MCPs based on the idea that care coordination can lead to better health outcomes (Managed Care Enrollment, 2016). Ohioøs MCPs offer case management to enrollees with special and complex health needs. Case managers have been employed by local social service organizations that are contracted with the Ohio Department of Medicaid and its MCPs. The case managers are assigned to work with eligible members, their doctors, and other providers to coordinate care. Their roles also include advocacy, assisting enrollees with accessing care, navigating health care systems, and linking enrollees to community supports and services (Managed Care Enrollment, 2016).

The first section of this research study provides a summary of the identified problem, the purpose of the research study, and the selected research questions. The summary is followed by a discussion of the nature of the doctoral project, in which I highlight the significance of the study as it relates to the practice of social work. The first section also includes the identification of the key theoretical framework that supported the research study. This presentation consists of a synthesis of writings from key theorists and scholars related to the theoretical framework and a review of professional and academic literature supporting the framework. Section 2 provides a discussion of the selected research design and data collection tools, including components of the methodology, followed by an analysis of the data collected. Before concluding Section 2 and presenting the findings in Section 3, I review ethical procedures. With the conclusion of this research study in Section 4, I discuss how the research applies to professional practice and provide an evaluation of the implications for social change.

Problem Statement

While Medicaid programs are transitioning to managed care programs to reduce expenditures, traditional roles of social workers including case management and care coordination have been challenged by new managed care guidelines (Cristofalo et al., 2016). The social work practice problem addressed in this research project involves the understanding of perceived roles of social workers in providing case management to Ohio Medicaid enrollees.

The role of social workers often focuses on engaging, coordinating, assessing, and advocating for vulnerable populations while addressing factors and social needs that may

impact their health (Bachman et al., 2017). According to Bachman et al. (2017), because social work skills are rooted in other professions including sociology, psychology, and political science, the profession has struggled to find its identity and define its role in healthcare. While social workers have the capacity to be influential in Medicaid reform, a lack of role understanding makes this problematic (Bachman et al., 2017). As more Medicaid programs in Ohio transition to management under MCP guidelines, it is essential for social workers to have a clear understanding of their role in case management with Medicaid recipients to maintain or improve efficiency and effectiveness.

Despite the mass transition of Medicaid oversight from the state level to local MCOs over the past three decades, current literature lacks research specific to the experiences of social workers working for organizations that contract with MCOs to provide case management. The lack of research on these experiences has made it difficult for MCOs, social service organizations, and social workers to clarify the role of social workers under MCO guidelines and identify methods to maintain or increase the effectiveness of the social worker role. Limited research has produced limited results on the impact of MCOs on the role of social workers (Acker, 2010; Acker & Lawrence, 2009). When managed care was implemented, social workers faced strict policy guidelines, reduced autonomy, and increased accountability, and they were required to acquire management skills (Acker, 2010; Cohen, 2003; Feldman, 1997; Hall & Keefe, 2000; Lu, Miller, & Chen, 2002). Research studies completed by Acker and Lawrence (2009) and Acker (2010) found that social workersøcompetence in understanding

managed care correlated with their ability to fulfill case management tasks. Social workers who had a better understanding of managed care guidelines reported feeling better able to perform case management tasks compared to those who did not feel competent with managed care guidelines (Acker, 2010). These researchers suggested that future research studies use larger and more diverse samples of social workers to develop a comprehensive understanding of the impact of MCOs on social workers (Acker, 2010; Acker & Lawrence, 2009).

Through this research study, I sought to provide an understanding of social workersø perceptions of their roles when providing MMC case management. The research study provided insight into the perceived impact of role conflict, role ambiguity, and role perception of social workers providing case management to Ohio MMC enrollees. Through the focus group, social workers were able to identify strategies to improve the understanding of the social worker case management role, which will be shared with stakeholders.

There has been a lack of research focusing on social workersø understanding of their roles in Medicaid managed care case management. Some researchers believe that the practice of social work has not provided clear guidelines concerning the roles of social workers as they relate to healthcare, specifically Medicaid reform and managed care (Bachman et al., 2017). However, other researchers have found that clarity of roles is reflective of a social workerøs competence in understanding managed care (Acker & Lawrence, 2009). The data collected through this research study help to fill the literature gap on the role of social workers in Ohio Medicaid managed care case management.

Purpose of the Study and Research Questions

The purpose of this action research study was to explore social workersø perceptions of their roles when providing case management to Ohio MMC enrollees. In seeking to develop this understanding, the study also explored how role conflict and role ambiguity related to social workersøperceived abilities to fulfill their roles with Ohio MMC enrollees, which had not been investigated in prior research.

Research Question

RQ: What are the perceived roles of a social worker in case management with Ohio MMC enrollees?

Sub question 1. How do social workers in case management with Ohio MMC enrollees perceive the impact of role conflict or role ambiguity on their ability to fulfill their role?

Sub question 2. If necessary, what strategies can address role conflict and role ambiguity regarding the social worker case management role with Ohio MMC enrollees?

Key Terms and Concepts

The following are definitions of key terms referenced throughout the research study:

Care coordination: A process used to identify the needs and preferences of individuals and their support systems (Johansson & Harkey, 2014).

Case management: A collaborative process that involves the assessment, implementation, coordination, monitoring, evaluation, and planning of options and

services to meet a clientøs health and human service needs (Commission for Case Manager Certification [CCMC], n.d.).

Managed care: A health care delivery system that focuses on managing health care costs, utilization, and quality of services (Centers for Medicare and Medicaid Services, n.d.).

Managed care organizations (MCOs): Organizations that contract with state Medicaid agencies to accept a set per-member-per-month (capitation) payment for Medicaid services (Centers for Medicare and Medicaid Services, n.d.).

Managed care plans (MCPs): Insurance companies licensed by the Ohio Department of Insurance that are contracted with the Ohio Department of Medicaid to provide health care coordination for Medicaid recipients (Ohio Medicaid, n.d.).

Medicaid: A state and federally funded insurance plan that provides health coverage to low-income adults, children, pregnant women, elderly adults, and people with disabilities (Centers for Medicare and Medicaid Services, n.d.).

Medicaid managed care (MMC): A health care system that provides delivery of Medicaid health benefits (Centers for Medicare and Medicaid Services, n.d.).

Role ambiguity: Occurs when a person is unclear about the expectations of others as it relates to his or her performance (Kahn et al., 1964; Mafuba, Kupara, Cozens, & Kudita, 2015).

Role conflict: Occurs when a person's role expectations are not compatible with the values, expertise, and abilities of the person in that role (Rai, 2016).

Role perceptions: A range of attitudes, expectations, and understandings related to the status or position of a person within an organization (Grobgeld, Teichman-Weinberg, Wasserman, & Ben-Av, 2016).

Nature of Doctoral Project

This action research study focused on understanding the perceived roles of social workers in MMC case management. Action research is an investigative process to find solutions for problems related to social situations (Fern, 2012). The process is guided by the concept of collaboration with others who have a stake in the identified problem (Schneider & Daddow, 2017). Action research often serves as an effective tool for professional development and improving collaboration (Salm, 2014). In an action research study conducted by Salm (2014) that evaluated methods to improve collaboration, the researcher found that action research provided a standard for competency development and role clarification.

Research Study Design

Action research was used in this study to help bring social workers together to discuss their role perceptions as case managers for MMC enrollees and to discuss possible role conflict and ambiguity. Through the facilitation of this action research study, my goal was to develop an understanding of the case management role to share with stakeholders and improve the facilitation of the case management role. According to Fern (2012), action research is designed to be a tool for developing interventions for identified social conditions that will bring about improvement for those most impacted by the problem.

There is no current literature on the influence of Ohio MMC implementation on social workersø perceptions of their role when providing case management to Medicaid recipients. Acker (2010) conducted a study of 591 social workers practicing in mental health agencies in New York State who interfaced with MCOs and found statistically significant correlations with organizational commitment and social worker emotional exhaustion. Acker further acknowledged the limitations of the study sample, citing the need for future research with a more diverse sample. Acker also highlighted the need for social work programs and social service agencies to offer new educational opportunities and training to improve workersø skills to meet the MCO case management guidelines. Ackerøs study left a gap in social work practice knowledge, which could be addressed by the findings of this study.

Data Collection

In this study, I sought to understand social workersø perceptions of their roles when providing case management services to MMC enrollees in Ohio. The data analysis allowed for the identification of potential role conflicts and role ambiguity influencing social workersø role perceptions as they related to MMC case management. This was facilitated through the analysis of data collected from a focus group. Participants for the focus group were recruited by invitation via email that was shared by one director from local social service agencies in Ohio that provide case management services to Medicaid recipients. Participants were also recruited using snowballing. Eligible participants were asked to take part in discussions related to the perception of their roles to develop an

understanding of the social worker MMC case management role and to explore strategies for improving understanding of this role.

Focus groups. Focus group interviewing is a qualitative research method for collecting data that has been used by health professionals, academia, the military, and market research professionals since the 1930s (Hirsh, Lazarus, Wisler, Minde & Cerasani, 2013). Since World War II, the utilization of focus groups has grown; focus groups are now used extensively in social research (Dilshad & Latif, 2013; Sagoe, 2012). Often consisting of small groups of six to 10 participants, focus groups allow researchers to bring people together to explore attitudes, feelings, and perceptions about a topic (Connelly, 2015; Dilshad & Latif, 2013). Researchers Davis, Devoe, Kansagara, Nicolaidis, and Englander (2012) conducted 13 focus groups and two in-depth interviews with a group of healthcare professionals to obtain their perspectives on care transitions and identify recommendations for process improvement. Through the use of focus groups and analysis, the researchers were able to identify emergent themes and variation in participant roles per setting (Davis et al., 2012). By recruiting healthcare professionals from a variety of healthcare locations including an urban hospital, an academic hospital, outpatient care clinics, and an MMC program, Davis et al., were able to collect comprehensive data that showed the deficiencies in the transitional care program. Craig and Muskat (2013) facilitated a smaller study of seven focus groups to explore social workersø perceptions of their roles in a hospital in only one of Toronto, Canadaøs urban hospitals. According to Craig and Muskat the focus groups allowed participants to share their thoughts and ask questions while challenging each otherøs ideas. To analyze the

data from the research study, Craig and Muskat used an interpretive description framework of analysis. According to Craig and Muskat interpretive descriptions are often used in small qualitative studies because they allow for a focus on understanding individual experiences while relating the experiences to the field of practice. With the use of interpretive description, Craig and Muskat aimed to generate ideas that would contribute to clinical practice and were able to identify commonalities and differences in social workersø perceptions of their roles.

Researchers often use focus groups to generate data that can be used to develop or increase understanding of particular concepts or problems. Similar to the work of Craig and Muskat (2013), this study used focus groups to allow participants to share their thoughts related to their roles as social workers with the goal of developing an understanding of their roles in providing case management to MMC enrollees.

Significance of Study

By developing an understanding of the case management role of social workers providing case management to Ohioøs MMC enrollees, this study offers contributions to the practice of social work. Ohio began implementing voluntary managed care for Medicaid recipients in the 1970s and mandatory managed care in the 1990s (Managed Care in Ohio, 2014). Research was conducted in the 1980s to examine the influence of managed care in Ohio (Dallek, 1996). However, despite the initiation of research on managed care in Ohio in the 1980s, little has been documented on the effect of increased MMC enrollment in the 1990s and 2000s (Peterson & Hyer, 2016).

Over the past few years, Ohio has been transitioning its Medicaid programs to managed care oversight (Managed Care in Ohio, 2014). In 2005, a statewide comprehensive MMC program was implemented that began with low-income families and children who received Medicaid (Managed Care in Ohio, 2014). Most recently, the program was expanded to include the dual eligible population composed of participants with both Medicare and Medicaid health insurance (Managed Care in Ohio, 2014). Local social service organizations that serve individuals with Medicaid and Medicare have felt the impact of the changes. These organizations that employ social workers to provide case management services to Medicaid recipients are required to adhere to administrative and performance measures related to care management, including the Healthcare Effectiveness Data and Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS; Managed Care in Ohio, 2014).

In this research study, action research allowed participants to share their perceptions of their roles, including potential role conflict and role ambiguity, which encouraged the development of an understanding of social workersøroles when providing case management to MMC enrollees. Social workers, researchers, social service organizations, and other stakeholders may benefit from this research because it may provide them with a better understanding of social workersøperceptions of their roles related to providing case management. The research study also helps in identifying possible role conflict and role ambiguity. I also seek to enhance professional practice by increasing social workersøunderstanding of their roles in providing case management services to MCO enrollees. Data collected from this action research study may serve as a

step toward filling literature gaps in the understanding of the role of social workers who provide case management services to Ohio's MMC enrollees.

Theoretical Framework

Organizational role theory is supported by role theory. Role theory originated between the 1920s and 1930s in the field of social psychology and was based on theatrics to explain societal human interaction (Zai, 2015). The theatrical metaphor used to describe role theory suggests that if the parts played by actors are predictable due to written scripts, then social behaviors can also be predictable if associated with parts and scripts (Biddle, 1986). According to Biddle (1986), role theory explains behavior patterns and roles and how people in social positions hold expectations of the behaviors of themselves and others. Role theory also explains the conflict and uncertainties that can occur within individuals and organizations where multiple roles are being negotiated and maintained (Lipsky, Friedman, & Harkema, 2017; Mackenzie, Morris, Murphy, & Hodge, 2016; Prezyna, Garrison, Lockte, & Gold, 2017). Another essential component of role theory is the influence of role clarity on performance. According to Prezyna et al. (2017), a lack of role clarity often leads to role conflict caused by the ambiguity of role duties or expectations.

Role theory consists of five key perspectives. The perspectives include functional role theory, symbolic interactionist role theory, structural role theory, organizational role theory, and cognitive role theory. These critical perspectives allow researchers the opportunity to focus on individual-, communal-, and organizational-level interactions

(Lipsky et al., 2017). Organization role theory (ORT) was selected to ground this research study.

Organizational Role Theory and Understanding the Problem

The development of ORT can be traced back to the works of theorists Katz and Kahn in 1966 (Briddle, 1988; Martinez-Corcoles, Gracia, Tomas, & Peiro, 2014). Although a relatively new perspective on role theory, ORT provides a psychosocial explanation of how workers react to specific organizational roles of their assigned positions (Martinez-Corcoles et al., 2014). In relation to ORT, Katz and Kahn (1966) highlighted that the concept of division of labor requires that specific work roles be assigned to employees to ensure effective and efficient task performance. Work roles are often defined as behaviors expected from employees in specific positions; these assigned behaviors are critical to the function and effectiveness of organizations (Martinez-Corcoles et al., 2014).

Furthermore, effective organizational functioning requires effective communication of roles that supports employee understanding and acceptance (Martinez-Corcoles et al., 2014). To aid in improving employer/employee communication, ORT provides a review process of role episodes where employers offer employees performance feedback related to their roles and employers make adjustments to the roles based on expected and enacted behaviors (Martinez-Corcoles et al., 2014). The role episodes include four subprocesses: (a) *role-taking*, the process in which employees accept roles offered by an organization; (b) *role consensus*, the process in which employers and employees have shared values and understanding of role expectations and

behaviors; (c) *role compliance*, the process in which employees comply with expected behavior; and (d) *role conflict*, the process in which expectations are not consensual (Martinez-Corcoles et al., 2014). This research study evaluated the influence of role conflict on the perceived roles of the focus group participants.

Organizational role theory and this action research study. Throughout the timeline of Ohioøs Medicaid transition to the use of MMC, various shifts have occurred within the selected MCOs to meet standards set by the Ohio Department of Medicaid (Managed Care in Ohio, 2014). While most of the literature on ORT has focused on the tensions experienced by individuals and their transition to and from their home and jobs, more researchers have been focusing the application of ORT as it relates to challenges in workspaces (Lipsky et al., 2017). Through the facilitation of a focus group, I explored the ORT sub process of role conflict as it is manifested in the perceived roles for social workers in case management. The focus group participants were employed by local social service organizations that had been impacted by organizational changes that occurred as a result of recent Medicaid policy changes.

Values and Ethics

The value/principle most evident in the social work field is the importance of human relationships. The National Association of Social Workers (NASW) Code of Ethics encourages social workers to understand that the development of relationships is essential to driving change (NASW, 2017). Social workers have the task of engaging individuals as partners in the process of change while promoting and enhancing the well-being of individuals, families, social groups, organizations, and communities (NASW,

2017). This principle highlights the importance of social workers and their agencies having a working relationship with the clients they are promoting change for and with the MCOs that are driving organizational change. For this research study, I considered the values and missions of three organizations in Ohio that were relevant to this study as it related to the NASW Code of Ethics. The three organizations were the Ohio Department of Medicaid (ODM), Central Ohio Area Agency on Aging (COAAA), and CareStar. ODM strives to improve healthcare across Ohio by delivering health care coverage to Ohio residents and working with stakeholders, advocates, medical professionals, and state agencies to find ways to enhance the quality of care and program integrity (Ohio Department of Medicaid, n.d.). Focus group participants for this study were recruited from two local social service organizations in Columbus, Ohio (COAAA and CareStar) that both provide case management services to MMC enrollees. The mission of COAAA included developing quality programs and services that promote individual choice, independence, and dignity for older adults, their families, and the community (COAAA, n.d.). The mission of CareStar included improving communities and lives by focusing on the core values of integrity, service, innovation, fairness, and respect (CareStar, n.d.). While the missions of these three entities varied, they all focused on maintaining relationships and improving the lives of the clients they were serving. Through the exploration of social workersøroles and human relationships, this research study supported the principles and values of the NASW Code of Ethics (NASW, 2017).

The NASW Code of Ethics also highlights ethical standards to serve as a guideline for professional conduct; however, these standards can also create conflict for

social workers working with managed care. Section 3 of the NASW standard includes social workersøethical responsibilities in practice settings (NASW, 2017). The standard suggests that social workers should strive to ensure that the working environment is consistent with the NASW Code of Ethics and that existing conditions that interfere with or violate the Code are eliminated (NASW, 2017). Social workers may experience conflict in adhering to Section 3 because while their focus is on ensuring availability of resources to meet their clientsøneeds, MCOs concentrate on reducing healthcare expenditures and saving the money of the state (Iglehart, 2011). This ethical principle supports the need for social workers to understand their roles in case management to ensure that their perceptions align with their organizational responsibilities and their responsibility to meet the needs of MCO enrollees in an ethical manner.

Review of the Professional and Academic Literature

With a focus on reducing healthcare expenditure, MCOs have begun managing state Medicaid programs across the United States. The increased utilization of MCOs to manage and oversee Medicaid programs has resulted in the implementation of new case management guidelines for many social programs funded by Medicaid. Social workers have traditionally been employed by various community organizations supported by Medicaid funding and have provided services to Medicaid. However, with the rise of MCO utilization since the 20th century, little research has been conducted in the field of social work to explore the relationship between social workers and MCOs (Barnosky, 2016). The lack of qualitative research related to the influence of MCO case management guidelines on the role of social workers has resulted in a lack of empirical

literature identifying trends or themes in social workersø perceptions of MCO case management guidelines and changes. As a result, I had limited access to data that identified correlations among social workers working under MCO case management guidelines.

Literature Strategy

The literature review for this research study began with searching databases linked to the Walden Library search website. From the Walden Library website, specific databases were searched to find supporting literature. These databases included SocIndex with Full Text, PsycINFO, ERIC, SAGE Journal, ProQuest, EBSCO, and Academic Search Complete. Keywords used for the searches included *managed care*, *Ohio*, *case management*, *care coordination*, *social workers, Medicaid*, *Medicaid managed care, social work theories*, *role conflict*, *role ambiguity*, *role perception*, *organizational role theory*, and *role theory*. I began each keyword search referencing peer-reviewed journal articles written between 2014 and 2019. While these searches led to a significant number of articles addressing social workers, case management, and MCOs, I expanded the search dates to 2009 to identify literature that supported the historical background of MCOs and its recent growth for the Medicaid market. Due to the recent development of ORT, research data supporting ORT was found to be limited, and the search dates for this literature were expanded from 1960-2019. Additional resources were obtained from the Centers for Medicare and Medicaid websites and the Ohio Department of Medicaid website.

Theoretical Literature

The process of change is inevitable. Organizations often go through the process of change and are faced with significant challenges (Smits & Bowden, 2015). Since the implementation of managed care in Ohio in the 1970s, many healthcare and social service organizations that provide services to Ohio's Medicaid recipients have made changes to adapt to policy changes that accompanied the implementation. While Ohioøs Medicaid program has continued to expand with Medicaid reform, changes have been made to enhance case management services. Medicaid reform has resulted in many changes in Ohioøs Medicaid program including case management. Researchers Batras et al. (2016) found that organizational dynamics and processes of organizational change are important for the development of the success of healthcare initiatives. However, when organizational change occurs as it has with the implementation of managed care, individual roles within the organization often experience change. During the change process, organizations go through an experience of learning and unlearning of key organizational assumptions and values (Reuter & Backer, 2015). ORT focuses on how organizations define roles and produce predictable outcomes through the enactment of those roles (Katz & Kahn, 1978). ORT also focuses on how individuals manage expectations of roles and behaviors (Katz & Kahn, 1978).

Although organizational change is inevitable, the majority of change initiatives fail (Bakari et al., 2017). These failures have been attributed to deficiencies in the implementation process of change in organizations and failure to realize the roles that employees play in the change process (Bakari et al., 2017). According to Bakari et al.

(2017) and Lines (2005), research has shown that individual perception and response to change are indicators of the successfulness of organizational change.

ORT grounded this research study and the development of an understanding of the perceived roles of social workers as case managers to MCO enrollees. According to Biddle (1986) and Madsen (2002, as cited in Mafuba et al., 2015), ORT addressed how people accept and execute their roles within organizations. ORT provides a framework to study organizational roles that focused on role conflict, role ambiguity, and perceptions. ORT also explained how the process of organizational change that resulted in the implementation of MMC in Ohio could have resulted in unclear roles of social workers providing case management to Ohio managed care enrollees. In a research study on the interactions between physician and nonphysician leaders and contextual influences that created tension, researchers Mitra, Hoff, Brankin, and Dopson (2017) used ORT to provide an understanding of why tension arose between the professionals. Mitra et al. found that physician and nonphysician leaders tended to behave based on the beliefs and values of their roles. However, during times of organizational strife and change, role conflict presented among these professionals when enactment of their roles became unclear and were challenged (Mitra et al., 2017). Within the ideas of ORT, Mirta et al. were able to understand the rise of tensions between physicians and nonphysicians. The researchers found that the identified tension resulted from differences in leadership priorities, communication deficiencies, and role ambiguities (Mirta et al., 2017).

Literature Review Related to Key Concepts

Health insurance serves as a form of financing health care expenses (Barnett & Vornovitsky, 2016). In the United States, the rate of health insurance coverage and the distribution of coverage types are often reflective of economic trends and health care policy changes (Barnett & Vornovitsky, 2016). In 2014, changes to healthcare policy occurred in the United States, including the enactment of the Patient Protection and Affordable Care Act (ACA) and the introduction of the health insurance marketplace. These healthcare policy changes resulted in shifts in health insurance coverage for Americans. Despite these policy changes and shifts, the three largest sources of health insurance in the United States have remained employer-based coverage, Medicare, and Medicaid (Barnett & Vornovitsky, 2016; Provost & Hughes, 2000). In 2015, 55.7% of the U.S. population was insured by employer-based health coverage, followed by 19.6% of the population with Medicaid and 16.3% of the population with Medicare (Barnett & Vornovitsky, 2016). Of the three largest sources of health insurance, Medicaid has grown to be the largest category of state expenditures (Lukens, 2014).

Medicaid. Medicaid is one of the largest public health insurers in the world (Piatak, 2017). In 1965, as part of the Social Security Act, Medicaid was enacted, extending health care for low-income children, caregiver relatives, the elderly, and individuals who are blind or disabled (Field, 2010; Piatak, 2017). Medicaid enrollment and expenditures have grown substantially since the programøs enactment in 1965 (Provost & Hughes, 2000). In 1972, Medicaid eligibility was linked to the Federal Supplemental Security Income Program (SSI), and 18 million individuals gained

Medicaid coverage (Field, 2010). Later in 1981, Medicaid waiver programs including freedom of choice waivers and home and community-based care waivers were established to reduce the cost for long-term institutionalized care (Field, 2010). In 1986, the Medicaid program began to cover pregnant women and infants up to age 1 year who met the federal poverty level limits (Field, 2010). In 1989, the age limit for eligible children expanded to age 6 years and further expanded in 1990 to cover children up to age 18 who met the income guidelines (Field, 2010). In 1991, Medicaid spending controls were established and provider-specific taxes and donations to the states were capped (Field, 2010). Welfare reform followed shortly afterward and resulted in the disconnection of the welfare link to Medicaid (Field, 2010). Medicaid enrollment/ eligibility were no longer automatic with the receipt or loss of welfare case assistance (Field, 2010). The Balanced Budget Act of 1997 created health insurance for working families, placed limits on Medicaid payments to hospitals, and established MMC options and requirements for states (Field, 2010).

Managed care. Pioneered in 1982 in Arizona, managed care has grown to become the primary delivery system for health care benefits for the majority of Medicaid recipients (Highsmith, 2000). Between the years of 1982 and 1991, other states began to experiment and implement managed care programs to reduce Medicaid costs (Highsmith, 2000). While 2.7 million Medicaid recipients were enrolled in managed care in 1991, this number had increased to almost 17 million by 1998. Historically, more than 85% of Medicaid beneficiaries in managed care were Temporary Assistance for Needy Families (TANF) recipients, with the other 15% being SSI recipients (Highsmith, 2000). During

this time, Medicaid managed care was faced with the challenge of states and MCOs using their experience in enrolling other Medicaid recipients into managed care programs including pregnant women, children, and people with chronic illnesses and disabilities (Highsmith, 2000).

States had been experiencing persistent growth in their Medicaid programs, including 24% growth from 1990 to 1992 and 40% growth in 1996 (Highsmith, 2000). As enrollment and expenditures continued to grow, Medicaid was becoming an uncontrollable percentage of state budgets (Highsmith, 2000). During this period, the number of MCOs entering the Medicaid market increased from 100 plans to over 225 plans (Highsmith, 2000). This increase allowed states to have multiple contract options and choices to pick from (Highsmith, 2000).

While states initially pursued managed care to reduce expenditures, many found that managed care provided opportunities to improve access and quality of care and accountability (Highsmith, 2000). States further learned that the development of partnerships with MCOs was critical to sustaining a successful relationship with managed care (Highsmith, 2000).

Reform of the U.S. health system has become a significant social movement impacting all segments of society (Young, 2016). In the past, health care reforms have included proposals for utilization of vouchers for the poor, managed competition, and the concept of õsingle-payerö-style reform (Young, 2016). Managed care and health care insurance came into existence in the 20th century in the United States and have changed frequently since that time (Barnosky, 2016). In 1993, to limit and make the use of

services more cost-effective, President Bill Clintonøs administration streamlined a process whereby states could apply for waivers to federal Medicaid rules to restrict Medicaid enrollees among providers (Brecher & Rose, 2013). By 2010, more than 35 million Medicaid beneficiaries in 42 states were in some form of managed care (Brecher & Rose, 2013). By 2014, Medicaid managed care enrollment had increased to 55 million (Centers for Medicare and Medicaid Services, n.d.).

Role conflict. The roles of social workers are often evolving and are influenced by government policy makers, members in the community, and social workers themselves (Graham & Shier, 2014). Social workers often develop an understanding of their professional role through educational programs and professional development (Graham & Shier, 2014). However, this understanding may not be a true reflection of actual day-to-day interactions of social work practice, resulting in conflict between perceived roles and actual roles in practice (Graham & Shier, 2014). According to researchers Katz and Kahn (1978), Peterson et al. (1995), and Zhang and Xie (2017), role conflict occurs when there is a lack of compatibility between expectations of the parties involved and aspects of a role. In a qualitative research study on authoritarian leadership and behaviors, researchers Zhang and Xie used questionnaires to collect data from leader and subordinate paired personnel at seven private companies in China. Zhang and Xie distributed 786 questionnaires to the companies and collected data from a final sample of 613 paired subordinates. From the data collected, Zhang and Xie found that the authoritarian and controlling behaviors of those in leadership roles often resulted in role conflict among their subordinates. The subordinates experienced conflict due to

experiencing a lack of resource supports and work-related information while being held to high work expectations (Zhang & Xie, 2017). The role conflict resulted in psychological strain among subordinates as they struggled to balance the alignment of their behaviors with necessary tasks to meet evaluation standards (Zhang & Xie, 2017).

In a research study on minimizing role conflict in organizations, researcher Rai (2016) sought to examine how organizational factors including justice, formalization, and commitment minimized role conflict and ambiguity among staff. In examining these factors at health and rehabilitation centers in Virginia, Rai obtained support from one vice president of operations who had jurisdiction over 10 of the 40 facilities. With the support of one jurisdiction, Rai was able to send 1,732 questionnaires to staff members from 10 facilities and received 511 completed questionnaires. Rai used an index of three items chosen from Rizzo et al. (1970) to measure role conflict and role ambiguity. After analyzing the completed 511 questionnaires, Rai found that organizational justice, formation, and commitment minimized both role conflict and role ambiguity. From the analysis, Rai also found that role conflict and role ambiguity influenced the perception of its members through amplifying and buffering effects of the organizational practices including use of positive emotions, rewards, prosocial behavior, and enhancement of self-efficacy. From the study, Rai suggested the need for organizations to create working environments that support employees and clients being served. In particular, Rai suggested that organizations consider employeesø thoughts in decision making, encourage prosocial activities among staff, and offer incentives including compensation, schedule preferences, and advancement opportunities.

Smith (2011) conducted an integrative review of 11 articles that focused on role transition of nurse case managers. Of the articles, five qualitative articles found evidence of role conflict in nurses transitioning from being bedside nurses to nurse case managers. In the review, Smith highlighted a study by Schmitt (2006) of 11 nurse case managers who had transitioned from bedside nursing to case management. In this study, the participants reported feelings of conflict regarding their employer, who expected them to have a focus on finances and cost containment while they held a perceived role of being patient advocates. The participants also stated that they were not prepared for the role and were not made aware of the various aspects of the case management role that would be different from their previous roles (Smith, 2011). Similar to Section 3 of the NASW standard, as a result of the integrative review, Smith noted that while nurse case managers are required to uphold the nursing professions Code of Ethics, which states that the primary commitment of nurses is the patient, nurse case managers are also expected to align their practice with the goals of the employer under the standard of professionalism. Smith also noted that role conflict resulted from the nurse case managers having a responsibility to advocate for the rights and preferences of patients while also adhering to organizational goals and policies. Similar to these nurses, social workers who provide case management to MCO enrollees may experience role conflict. This potential conflict is due to having the responsibility of adhering to Section 3 of the NASW standard of ensuring availability of resources to meet the needs of clients while working for organizations that concentrate on reducing healthcare expenditures and saving money for the state (Inglehart, 2011). Smith suggested that the American Case Management

Association (ACMA) clarify the standards of practice to minimize the occurrence of role conflict among case managers.

These research studies are a small representation of the consistent research showing the potential negative impact of role conflict on employees and employers. It is important for employees to understand their role within an organization to minimize potential conflict. A common theme with these studies is the need for organizations and leadership to better define roles and develop work environments where employees can have input on changes to their roles.

Role ambiguity. Role conflict is often associated with role ambiguity as both are a result of an individualøs environment and may have the same underlying condition (Schmidt, Roesler, Kusserow, & Rau, 2014). Role ambiguity is uncertainty a person experiences about their assigned role (Palomino & Frezatti, 2016). Role ambiguity often results from a lack of role clarity (Mafuba et al., 2015). The lack of clarity in roles and responsibilities results in role conflict, role stress, and role overload (Mafuba et al., 2015). In a mix method research design exploring the influence of role conflict, role ambiguity and job satisfactions researchers, Palomino and Frezatti, studied the influence of the perceptions of 114 executives carrying out the role of controllers at large organizations in Brazil. According to Palomino and Frezatti a lack of consensus and clarity in the duties and responsibilities of controllers resulted in tensions in situations where controllers attempted to fulfill their jobs. Role ambiguity in Brazilian controllers was also influenced by unexpected changes in legislation, the creation of new structural positions, time constraints to complete role requirements, and the requirement to learn

new skills to fulfill roles implemented from the unexpected changes (Palomino & Frezatti, 2016). From the data collected in the research study, Palomino and Frezatti, found that role ambiguity perceived by controllers had a negative influence on job satisfaction. Based on the results of the study, Palomino and Frezatti recommended that organizations implement policies that allow controllers to deal with both role ambiguity and role conflict while performing duties. Palomino and Frezatti also suggested that organizations aim to improve role clarity and the definition of responsibilities to minimize role ambiguity. The researchers noted that one limitation of the study was the use of an intentional sample and lack of generalizability of the conclusions.

In a three-year longitudinal study evaluating role ambiguity, Hill, Chenevert, and Poitras (2015) analyzed survey responses from 146 employees from the health-care sector aiming to obtain a better understanding of the effects of role ambiguity on employees. The analysis showed a positive correlation between role ambiguity and turnover and the influence of work-related relationship conflict (Hill et al., 2015). Hill et al. suggested that the analysis results be used by organizational decision makers to develop policies and surveys that could identify role ambiguity early in the employment process. Hill et al. believed that early detection of role ambiguity by organizations would reduce the occurrence of workplace conflict. Hill et al. acknowledged that the research was limited and non-experimental due to the use of self-reported measures. The researchers suggested that future research include other sources of measurement that are not focused on the employee self-report to better identify causal effects of different variables on role ambiguity and motivation (Hill et al., 2015).

Similar to research on role conflict these studies on role ambiguity suggest that organizations make changes to improve clarity and understanding in the roles of employees. These studies also suggest that future research offer different sampling and methodologies that can yield data that can be generalized.

Role perception. Previous research on role perception and its main constructs has been limited (Chiaburu & Marinova, 2012). Most research that has examined role perception has focused on its influence on organizational behaviors and organizational performance (Chiaburu & Marinova, 2012). In a quantitative research study, Chiaburu and Marinova used self-report questionnaires to survey 176 employees working in supervisory and staff positions. Through the use of the self-report questionnaires, Chiaburu and Marinova sought to explore constructs of role perception by evaluating the relationship between role perception and tenure, role position and role perception, and the relationship between position tenure and type of position as it relates to role perception. Chiaburu and Marinova found that tenure itself was not related to role perception, but found that supervisors perceived their roles broader than employees suggesting the idea that roles are enlarged as a function of position. The results from the study also indicated that while the roles employees became enlarged the longer they stayed in their positions, the roles of supervisors began to shrink the longer they remained. Chiaburu and Marinova insisted that the findings from their study suggest that the constructs of employee role perceptions were more complex than initially thought and highlighted the need for continued research on role perception that accounted for its complexity to develop specified measurement models.

Research studies on the influence of role perception of social workers are even more limited yet social workers continue to face challenges related to understanding their roles. Perception of roles often come with a range of attitudes, understandings, viewpoints and expectations related to status, position, or group of people in an organization (Grobgeld, Teichman-Weinberg, Wasserman, & Ben-Av, 2016). To examine the role perceptions of college faculty members, Grobgeld et al. facilitated a research study using a mixed method design and collected data from 178 educators. Grobgeld et al. argued that teacher education has changed significantly in the last 15 years and this change has also impacted the role of college faculty members. Factor analysis of the collected data identified four central role perceptions held by the participants. These perceptions included: researcher, member of an organization, teacher, and person. According to Grobgeld et al. the study results will help develop an official role definition enabling faculty members to understand both who and how to interact with and how to fulfill their roles.

In another quantitative research study, exploring role perception, researchers Brom, Szalacha, and Graham (2016), developed and used a descriptive survey, known as The NP Role Perception scale, to access role perception and satisfaction among a group of nurse practitioners. According to Brom et al. previous research studies by Kunic and Jackson, on role perception of nurse practitioners found that the role was challenged by limitations in scopes of practice, staff turnover, aging workforce, resistance of state legislators and medical organizations to implement bills that allowed for an expanded scope of practice, restrictive credentialing, and role confusion. In their study, Brom et al.

examined role perceptions of 181 nurse practitioners related to their job satisfaction, satisfaction by supervisor, and their intent to stay. The results yielded a positive correlation between role perception/job satisfaction and role perception/intent to stay. There, however, were no significant differences found with job satisfaction by type of supervisor. When developing the role perception scale, the researchers established content validity by meeting with a group of nurse practitioners who served as content experts providing input on the nurse practitioners role (Brom et al., 2016). Although validity was accounted for with the new measurement scale, Brom et al. advised that the tool continues to undergo psychometric testing.

A common theme in these research studies on role perception was that identification of role perception is a complex process. Due to the complexity that can be experienced when examining role perceptions researchers highlighted the need for valid role perception measurement scale. These studies also highlighted the potential influence of role perception on employee performance and its impact on organizational functioning.

Social worker role. Case management is a major part of social work practice (Mas-Ezposito, Amador-Campos, Gomez-Benito, & Lalucat-Jo, 2014; Moore, 1990; Sullivan, Kondrat & Floyd, 2015). As a part of social work practice, case management serves as a process that includes: collaboration on completing assessments, care coordination, advocacy, planning, and evaluation of treatment options that meet the needs of an individual and their family (Block, Wheeland, & Rosenbert, 2014; Stokes et al., 2015; Sullivan et al., 2015; Xenakis & Primack, 2013). Through communication and

utilization of available resources, this process promotes quality and cost-effective outcomes (Stoke et al., 2015).

Although once a simple role with clear lines of responsibility as noted by Ramos (2015), the case management role of social workers has been subjected to fragmentation (Cary, 2015). Fragmentation has occurred as a result of organizational and community changes that have resulted in multifaceted roles in the profession (Carey, 2015). These changes include the transition to health care and the growth of the social work profession with more emphasis on coordinating health care (Ramos, 2015). Over the years the social work role has involved being a change agent, coordinator, advocate, educator, collaborator, clinician, consultant, leader, and manager (Ramos, 2015). Frequent role changes have resulted in role confusion, ambiguity, and overload by many case managers (Ramos, 2015). According to Agresta (2006); Anand (2010); and Beauchemin and Kelly (2009) role development is comprised of a social workerøs skills and the perception of their workplace. A lack of uniformity in state and national role definitions contributes to role ambiguity. Role ambiguity can occur when expectations are not clear and social workers are unsure of their responsibilities (Richard & Sosa, 2014). In an exploratory-descriptive study on the social work role with a group of 209 school social workers in Louisina, researchers Richard and Sosa were able to develop an analysis from collected data that led to a consistent role definition which aided in the development of a conceptual practice model for school social workers in Louisiana. Although the study led to the development of a consistent role definition, there were study limitations related to measurements and design. The researchers were unable to determine the criterion-related

and construct validity. Generalizability was another limitation of the study because the findings were focused on one state.

In 2015, a white paper was released by the National Advisory Committee entitled õSocial Work & the Affordable Care Act: Maximizing the ProfessionsøRole in Health Reform.ö The Committee identified six areas that social workers could contribute to health reform. According to Andrews and Browne (as cited in Bernstein, 2017), these six areas included: care coordination, behavioral health service integration, insurance access, health behavior change, care transition management, and community-based prevention. The white paper also suggested policy changes, including training, advocacy, and research regarding these potential roles (Bernstein, 2017). The Mount Sinai Hospital in New York developed initiatives to incorporate these roles.

Research studies have found that case management can improve health outcomes for patients with chronic health and mental health conditions while reducing the costs associated with some healthcare settings (Kim, Michalopoulos, Kwong, Warren, & Manno, 2013). Many models of case management are available for social workers to utilize to help with providing outreach services in home and community settings (Sullivan et al., 2015). The models share a set of principles derived from social work practice including continuity, accessibility, staff-patient relationship, support to need, facilitation of independence, patient advocacy, and advocacy of services (Mas-Ezposito et al., 2014).

With their role as case managers, social workers have also taken on the responsibility of coordinating treatment for clients (Monterio, Arnold, Locke, Steinhorn

& Shanske, 2016). Coordinated care is defined as the delivery systems where individuals receive their healthcare from providers who participate under contract in integrated delivery systems that provide primary care, referrals, behavioral health, dental, hospital services and long-term care (McCahill & Van Leer, 2012). According to Monterio et al. with the development of health care reform, care coordination was identified as impacting positive health outcomes for patients. The education and professional backgrounds of social workers made them qualified to provide many aspects of care coordination. As a result, social workers have taken on the role of care coordinators in many clinical settings (Monterio et al., 2016). This position has been challenged by the implementation of MCO guidelines that focus on reducing Medicaid health care costs. Social workers are now faced with the task of coordinating treatment under managed care guidelines for individuals who had been receiving fee-for-service Medicaid.

A correlational study conducted by Acker (2010) of 591 social workers who had transitioned to working under MCO guidelines found that an individualøs competence of managed care had a profound effect on the emotional health of social workers and their satisfaction with their jobs. Using self-report questionnaires, the data showed that social workers who were competent in the culture and operations of managed care before the MCO transition had lower levels of emotional exhaustion and were better able to solve and complete challenging tasks that occurred under the new guidelines (Acker, 2010a; Acker, 2010b). Although the sample size was adequate for the study, the sample lacked diversity in age, ethnicity, gender and level of education creating limitations in the generalizability of the findings.

You, Dunt and Doyle (2016), conducted a research study with 47 case managers exploring the perceptions about their roles. From the action research study which addressed the question õWhat roles do case managers fulfill in their practice: (You et al., 2016, p.496), the participants identified 16 essential roles of case managers. These roles included: advising, advocating, communicating, coordinating, educating, empowering clients, networking, facilitating, problem-solving, problem support, engaging with clients and families, being a liaison, managing budgets, being navigators, carers, and negotiators. The study also identified that participants did not perceive gate keeping or direct service provisions as being a case managersørole. You et al. suggested that the findings from the study could assist organizations with developing case manager job descriptions. You et al. predicted that the development of clear job descriptions would help organizations with employee recruitment, ongoing professional development, and help case managers establish professional boundaries of case management interventions. While this study included a varied participant sample, You et al. identified that one major limitation of the study was potential researcher bias as one author independently analyzed the collected data. Debriefing meetings were conducted by the researchers to discuss data analysis strategies to reduce the bias (You et al., 2016).

There has been consistent evidence highlighting the role of social worker. However, this role continually evolves as changes in the field of social work occur, creating the need to understand the case management role of social workers working with managed care enrollees. The recommendations in existing literature concerning future

research on the roles of social workers were used to inform this study including the identification of research bias and factors influencing generalizability of collected data.

Mixed Evidence on the Association of Managed Care and Medicaid Enrollees

Contracts have been written with states and MCOs to reduce Medicaid expenditures and control costs (Peterson & Hyer, 2016; McCue, 2012). While states in the United States steadily increase their mandate for Medicaid recipients to enroll in MMC to save on Medicaid expenses, an analysis of MMC in 50 states from 1991-2003 found mixed results of the impact on overall costs (Charlson et al., 2014). The utilization of MCOs to control costs has been expected to increase with the enactment of the Affordable Care Act of 2010 (Caswell & Long, 2015; Barnosky, 2016). The increase is projected to occur even though there is a lack of consistent evidence showing the effectiveness of managed care with reducing expenditures or improving access to care (Caswell & Long, 2015).

According to Caswell and Long existing research has found little evidence showing how managed care operations have provided significant reductions in health care costs. While evidence is mixed on the association between Medicaid participants and managed care, an analysis of data from the Community Tracking Studyøs Physician Survey for three periods by researchers Adams and Herring (2008) found that increases in managed care usage were correlated with an increasing number of emergency room visits and a decrease in inpatient stays (Caswell & Long, 2015). Other research studies found that MMC participants had an increased reliance on the emergency department (ED) as a usual source of care (Caswell & Long, 2015; Chen, Waters, & Chang, 2015).

Caswell and Long collected data on 4820 MMC participants through an analysis of household survey data from the Medical Expenditure Panel-Survey-Household Component (MEPS-HC) from the years 2006 through 2009. From the data, Caswell and Long were able to access details on healthcare access, insurance, demographics, and expenditures. The data were supplemented with rates from the Medicaid Statistical Information System (Caswell & Long, 2015). The data from this study focused on national estimates, however, since Medicaid programs are administered at the state level of government and have considerable variation, generalizing results from these data can be challenging. A comprehensive synthesis on Medicaid that was recently completed found that because Medicaid is comprised of a diverse group of state-run programs, it is difficult to generalize the impact of MMC on expenditures (Charlson et al., 2014).

After finding that most literature on the managed care cost containment has been limited to a micro-prospective, researchers Ehlert and Oberschachtsiek (2014), used a macroeconomic approach to facilitate a comparative analysis on cost containment and managed care in the United States comparing it to Germanyøs healthcare system. From their study, Ehlert and Oberschachtsiek found that while most research studies have focused on cost containment of successfully managed care programs the selected programs have shown small savings.

In a systematic literature review of 39 research studies, researchers Morgan, Chang, Alqatari and Pines (2013) examined the influence of managed care and reducing enrollee ED visits, which had been reported to drive Medicaid expenses. The literature review resulted in Morgan et al. attributing increased ED utilization to the idea that the

ED serves as a safety net for individuals who have limited access to care due to insurance status, availability of clinic-based physicians, and the need for care outside of traditional business hours. Some of the literature from the review showed that there were considerable variations in rates of ED reduction when different variables were accounted for while other studies reported mixed results. The degree of variations in ED rates indicated that many factors influenced health care expenditures.

According to Caswell and Long the work of researchers Garrett and Zuckerman contrasted the work of Herring and Adams finding that mandatory HMO programs decreased the probability of adult Medicaid enrollee using the emergency room for treatment. Additional research on the effectiveness of MMC by Marton, Yekowitz, and Talbert (2014) found that children enrolled in MMC had a decreased utilization of outpatient health care services and an increase in child well visits. To evaluate the cost of Medicaid beneficiaries enrolled on MMC, MetroPlus, Charlson et al. (2014) analyzed a random set of claims data from 4614 MetroPlus member who met the criteria for the study. The diverse sample included claims of both adults and children. Charlson et al. found that Medicaid costs for MMC beneficiaries were driven by those with a co-morbid disease. Charlson et al. suggested that previous studies of Medicaid patients have shown that MMC cost efforts have not taken co-morbidity into account despite an analysis showing that 8% of patients with co-morbidity accounted for 29% of Medicaid costs. Although Charlson et al. (2014) analyzed claims from a representative sample of MetroPlus enrollees; the researchers were limited to claims from one hospital in New

York City, making it difficult to generalize the results to the entire population of MetroPlus enrollee throughout the state.

Summary

Over recent years the Medicaid systems in the United States have adopted managed care to regain control over Medicaid expenses and improve the quality of care (Burson, Cossman, & Cain, 2013). This adaptation has resulted in many changes in the United States healthcare system. Social workers have worked in various capacities with the Medicaid population. Despite their traditional role with Medicaid recipients, little empirical data is available on the impact MMC has had on their roles. This research study provided information on the role perception of social workers providing case management services under MCO guidelines. In Section 2, the research design, the methodology, plans for data collections and analysis, and ethical procedures were addressed. Section 3 included the specifics of the data analysis techniques and findings. Section 4 provided an application to professional practice and implications for policy and social change.

Section 2: Research Design and Data Collection

Through the facilitation of action research, this research study was conducted to understand the perceived roles of social workers who provide case management services to MMC enrollees in Ohio. The data collected from this study were analyzed and used to understand social workersø perceptions and identify role conflicts or ambiguities of their case management roles to support the understanding of the role. This study addressed perceived roles of social workers through the analysis of data collected from a focus group of five social workers in Ohio who held current roles providing case management to MMC recipients. Qualitative data were collected and analyzed using constant comparison analysis. This methodology was selected to assess the role perceptions of social workers providing case management to MMC enrollees. According to Doody et al. (2013), the analysis of focus groups is often a complex process involving many steps that bring order to collected data. According to Leech and Onwuegbuzie (as cited in Doody et al., 2013), constant comparison analysis is often used to analyze focus group data, particularly when there are several focus groups within the same study as demonstrated with this study.

In Section 2, the research design and methodology for this study is presented. Section 2 also includes further detail about the research design and rationale, data collection, selection of research participants, instrumentation, data analysis, data credibility and validity, and ethical procedures.

Research Design

Action research was the research design used for this study. The social work practice problem addressed in this research project was the understanding of perceived roles of social workers providing case management to Ohio MMC enrollees.

The foundational question for this study was the following: What are the perceived roles of a social worker in case management with Ohio MMC enrollees?

Subquestion 1 was the following: How do social workers in case management with Ohio MMC enrollees perceive the impact of role conflict or role ambiguity on their ability to fulfill their role?

Subquestion 2 was as follows: If necessary, what strategies can address role conflict and role ambiguity regarding the social worker case management role with Ohio MMC enrollees?

Action research, a research design about change, is often used by organizations to implement change or to provide understanding of change (Salehi & Yaghtin, 2015). Action research also serves as a process for finding solutions for problems related to social situations (Fern, 2012). The process is guided by the concept of collaboration with others who have a stake in the identified problem (Schneider & Daddow, 2017).

Using action research, the goal was to identify role perceptions of social workers providing case management services to MMC enrollees to develop an understanding of their roles while identifying possible strategies to address role conflict and role ambiguity, if necessary. The facilitation of a focus group for this study allowed for the collaboration of social workers to discuss their roles and supported the purpose of

developing an understanding of social workersørole perceptions. Smith, MacKay, and McCulloch (2013) conducted an action research study with the facilitation of focus groups to help develop the case management role of community nurses. From the focus groups facilitated in this study, the researchers were able to identify themes that reflected the influence of role expectations and process on case management (Smith et al., 2013). You et al. (2016) also used action research to explore the perceptions of case managers about their roles in providing community care and were able to identify 16 commonly perceived roles. These researchers suggested that the study findings be used to help organizations develop job descriptions and definitions of the roles and responsibilities of case managers. The results from these studies suggest that action research could be used effectively to understand the perceived roles of social workers providing case management to Medicaid enrollees in Ohio.

Methodology

A focus group was facilitated for this study to examine the role perceptions of social workers in Ohio who provide case management to Ohio MMC enrollees. Through the facilitation of a focus group, I sought to understand social workersøperceptions about their roles and, if necessary, strategies to address role conflict and role ambiguity. Key concepts of interest in this study included role conflict, role ambiguity, role perceptions, managed care, and case management, as detailed above.

Prospective Data

Action research was used for this research study utilizing a focus group to collect data. The most common data collection methods used in healthcare research have been

interviews and focus groups (Carey, 2016; Gill, Stewart, Treasure, & Chadwick, 2008). Focus groups allow for group discussions on a particular topic for research purposes (Gill et al., 2008). Focus groups also provide researchers the opportunity to study marginalized groups, develop understanding of community dynamics, and engage in discussions related to sensitive issues (Cyr, 2016). In a focus group, a group of individuals come together to discuss a set of questions related to a particular topic with the objective of generating conversations that will uncover opinions about the topic (Cyr, 2016). According to Cyr, focus groups bring together individuals of similar backgrounds and experiences to participate in discussions about issues that affect them. For this research study, data were collected through a focus group using a semi structured process with open-ended questions. Focus group methodology was selected because it could be used to group individuals whose collective experiences might provide insight into the processes that drive managed healthcare today. This method was also chosen because it provided me the ability to observe participantsø experiences, beliefs, and attitudes related to their case management roles.

I facilitated one focus group consisting of five social workers. The group was recorded using audiotape and transcribed to reduce any potential errors in interpretation. The collected data from the focus group were analyzed, and relevant themes were identified.

Participants

To develop an understanding of the perceived roles of social workers providing case management to Ohio MCO enrollees, the participants in this research study included

Ohio social workers providing case management to Ohio MMC enrollees. Participants were recruited using the following criteria: (a) licensed social worker, (b) employed for an organization in Ohio responsible for providing case management services to Medicaid recipients, and (c) a current role as a case manager. Eligible and consenting participants were included in one 90-minute focus group of five participants.

To recruit participants, I emailed the directors of two local social service organizations that provide case management services to Medicaid recipients: Central Ohio Area Agency on Aging and CareStar. The email that I sent to the directors included information about the purpose of the action research study and requested that they share the opportunity to participate in the research study with their staff via an email invitation. Only one agency director responded and agreed to share the invitation with social workers at her agency.

I employed purposive sampling in this research study for participant selection. I shared the invitation with local social workers whom I knew professionally, and they agreed to share the focus group invitation with individuals whom they knew who met the criteria. According to Creswell and Clark (2011), Elo et al. (2014), and Palinka et al. (2016), purposeful sampling is a technique widely used in qualitative research that involves identifying and selecting participants who are knowledgeable or experienced with the topic being explored. Due to the limited initial participation invitation response, snowball sampling was also employed to recruit participants. After the invitation was shared by one local social service organization, I received correspondence from only one eligible participant. I asked the participant if she would be willing to forward the study

invitation to others who met the participant criteria, and she agreed. This process was snowball sampling (Marcus, Weigelt, Hergert, Gurt, & Gelleri, 2017). Through these collective recruitment strategies, I was able to recruit seven participants; however, two cancelled on the day of the scheduled focus group, and only five recruited social workers participated in the focus group.

Instrumentation

For this study, I served as the primary data collection instrument. According to Chenail (2011), the researcher acts as the research instrument in qualitative research. The researcher serves as the key person in obtaining data from participants (Chenail, 2011). With this role as a research tool, researchers construct study-specific, open-ended questions that allow participants to share their perspectives (Chenail, 2011).

Guided by this studyøs research question, I used an Institutional Review Board (IRB)-approved interview guide to facilitate the focus group and gather data. Questions had been developed based on the interview guide, action research, the theory chosen, and personal case management experiences. The questions presented to the focus group were open-ended in a semi structured format relevant to the topics of social worker role perceptions, role conflict, role ambiguity, case management, and managed care (Appendix B). The use of the instrument also allowed participants to openly share their opinions and perceptions related to their experiences as case managers.

The focus group session was audio taped to obtain and retain participant responses and assist with establishing trustworthiness. The audiotape was transcribed verbatim using a professional transcription service. Before the facilitation of the focus

group occurred, each participant was asked to sign a consent form and was assigned a pseudonym for identification purposes throughout the interview. During the focus group, I took notes; I then typed up reflective notes immediately after the session.

Data Analysis

In qualitative research, data analysis represents one of the several steps in the research process that has a significant influence on the results of a study (Mayer, 2015). Qualitative data analysis is a process of describing, classifying, and showing interconnections of phenomena (Graue, 2015). The process of data analysis typically occurs in five stages: collecting data, grouping data, regrouping data into themes, analyzing and assessing data, and developing conclusions (Rowley, 2012; Yin, 2014). Data analysis in qualitative research has been found to be very time consuming (Petty et al., 2012). With a central theme of reducing data, data analysis often begins by reexamining the intention and purpose of the research study (Doody et al., 2013). Data analysis can also occur after data collection and preparation have been completed (Mayer, 2015). According to Punch (2009), data analysis has three major components: data reduction, data display, and drawing and verifying conclusions. In the data analysis process, data reduction occurs throughout the process with the objective of reducing data without losing information (Mayer, 2015). Data displays, which are presented in graphs, charts, or diagrams, are used in data analysis to provide information about the current status of the research and establish a basis for future studies (Mayer, 2015). According to Mayer (2015), data reduction and display are critical in drawing and verifying

conclusions. Ultimately, the process of qualitative data analysis brings meaning to the problem being studied rather than only searching for the truth (Doody et al., 2013).

Doody, Slevin, and Taggart (2013) and Onwuegbuzie, Dickinson, Leech, and Zoran (2009) suggested several qualitative analysis techniques that could be used to analyze focus group data, including constant comparison analysis, classical content analysis, keywords-in-text, and discourse analysis. Constant comparison analysis was first used in grounded theory research and has been used to analyze other types of data, including focus group data. Constant comparison analysis occurs in three stages. During Stage 1, data were grouped into small units and coded by the researcher. During the second stage, the researcher groups the codes into categories. Finally, in the third stage, themes that articulate the content of each group are developed. According to Doody et al. constant comparison analysis can be used on focus group data, particularly when there are several focus groups in the same study.

Classical content analysis also includes the development of smaller units of data that are coded. These codes are then placed into similar groupings and counted. The coding of focus group data from classical content analysis allows the researcher to identify whether each participant and group used a given code. Content analysis also provides a systematic analysis of written and verbal materials that can be encoded (Memduhoglu, 2016). This type of analysis is often used by researchers to analyze data gathered through interviews, observations, diaries, other written sources, or a combination of methods (Elo et al., 2014). According to Memduhoglu (2016), content analysis provides a search of social reality through inferences about the substance of the

collected data. The analysis also allows the researcher to identify all instances of a given code.

Despite its popularity in health service research, the facilitation and analysis of focus group research can be a complicated process (Doody et al., 2013). For this research study, I used constant comparison analysis to identify themes from the collected data. Constant comparison analysis is a commonly used qualitative comparison technique (Cho & Lee, 2014). The analysis begins during data collection, when data from the first participant are analyzed, each subsequent participantøs data are also analyzed, and the data are compared with previously analyzed data (Percy, Kostere, & Kostere, 2015). The analysis moves between current data and data already coded and clustered (Percy et al., 2015). As the analysis continues throughout the process, patterns and themes change and grow. According to Strauss and Corbin (1998), constant comparison analysis has five primary functions:

- Build theory
- Provide analytic tools
- Assist researchers in understanding multiple meanings from data
- Provide a systematic process for data analysis
- Assist researchers in identifying relationships between the data and the construction of themes

Although it was initially developed for grounded theory research, I believed that constant comparison analysis could be applied to this studyøs comparison of the role

perceptions of five social workers. The work of Leach and Onwuegbuzie (as cited in Onwuegbuzie, Leech, & Collins, 2012), found that since the introduction of constant comparison analysis, the technique had been modified to analyze data collected in a single round of interviews. Leech and Onwuegbuzie (as cited Onwuegbuzie et al., 2012), also noted that the technique had become more versatile since its introduction and can be used for analysis of talk, observations, documents, videos, drawings, and photographs.

After the facilitation of the focus group, I contracted with Go Transcript United States, a confidential transcription company, to transcribe the audio recordings from the focus group. The transcribed data were manually coded for analysis and categorized, which allowed for the emergence of four relevant themes. The transcribers with Go Transcript United States provided a nondisclosure agreement, and the company had a security, privacy, and confidentiality guarantee with 2048-bit SSL encryption.

Credibility and Trustworthiness

Qualitative research helps researchers address specific social issues. Qualitative research and its methods aim to use theory to answer questions of õhow, who, why, where, and whenö by using non numerical information and phenomenological interpretation (Lee, 2014; Leung, 2015). Many researchers do not value qualitative research as significant (Cope, 2014; Grossoehme, 2014). Qualitative research has been criticized for being subjective, lacking generalizability, and being subject to researcher bias (Cope, 2014). These criticisms have developed as a result of earlier unsuccessful research efforts to demonstrate qualitative researchøs significance (Grossoehme, 2014).

With the increased utilization of qualitative research methods, attitudes have begun to shift and have become more supportive of qualitative research (Grossoehme, 2014).

Due to expressed differences between qualitative and quantitative research methodologies, research results from each methodology are critiqued by different criteria (Cope, 2014). Perspectives of qualitative research are assessed by standards of credibility and trustworthiness, while quantitative data is evaluated by rigor and validity (Cope, 2014). Lincoln and Guba (1985) first proposed criteria for evaluating quality in qualitative research. According to Lincoln and Guba, the quality of qualitative data represents the trustworthiness of the research. Lincoln and Guba further explained how the development of trustworthiness in qualitative research is based on the credibility, dependability, confirmability, and transferability of the research. Strategies for obtaining trustworthiness proposed by Guba and Lincoln included: credibility (internal validity) that involved triangulation, persistent observation and prolonged engagement; transferability (external validity) which included the ability to transfer the original data findings to other individuals; dependability (reliability) the capacity to replicate data and analysis, use triangulation, and use audit trail; confirmability (objectivity); the ability to use triangulation and audit trails; and reflexive journal (Morse, 2015).

Credibility. Establishing credibility is essential in qualitative research studies (Amankwaa, 2016; Morse, 2015; Grossoehme, 2014). According to Polit and Beck (as cited in Cope, 2014), credibility refers to the truth of the data collected and the interpretation and representation of the data. Researchers can enhance credibility by notating their experience in the qualitative process (Cope, 2014). The process of

establishing credibility starts with the data collection protocol and the development of a clear collection strategy, identification of an appropriate population sample, and reproducibly obtaining data (Ranney et al., 2015). Credibility is considered established if study summaries of the participant experiences are recognized by individuals that share the same experience (Cope, 2014). Researchers are encouraged to support credibility through triangulation, acts of engagement, observations, and audit trails (Cope, 2014). To account for trustworthiness and credibility in this research study, several strategies were employed. Member checks, thick descriptions, and reflexive journaling that accounted for any researcher bias were used to enhance the trustworthiness and credibility of the study.

Dependability. Dependability is the constancy of data that is achieved when another researcher reviews and agrees with the decision trails at each stage of the research process (Cope, 2014). According to Koch (as cited in Cope, 2014), qualitative study is considered dependable if the study findings can be replicated with similar participants in similar settings. On the contrary, the results of the research are confirmable when a researcher can demonstrate that the collected data represents the participants' perspectives and not research bias (Cope, 2014). To increase the dependability of the research study I provided a full description of the research design and implementation of the research and give a detail description of the gathered data.

Confirmability and transferability. Confirmability is also shown through the use of rich quotes from the participants that are relevant to each theme (Cope, 2014; Lyons et al., 2013). I used reflexive journaling to achieve confirmability for this study.

The fourth factor in the development of trustworthiness, transferability, is described as the ability to apply study findings to other settings or groups (Cope, 2014; Houghton, Casey, Shaw, & Murphy, 2013). The criterion for transferability is met when study results demonstrate meaning to individuals who did not participate in the study (Cope, 2014).

Trustworthiness strategies. Lincoln and Guba's strategies for establishing trustworthiness have developed over time. Recently, researchers Noble and Smith (2015) expanded on Lincoln and Guba's works and found additional strategies to ensure trustworthiness in qualitative research. These strategies include:

- Accounting for personal bias that may influence research findings
- Acknowledgment of biases in sampling
- Continuous reflection if data collection and data analysis methods
- Data triangulation
- Respondent validation
- Utilization of verbatim descriptions of participants' accounts to support findings
- Use of comparison data to identify similarities and differences in data
- Excellent record keeping that ensures that data interpretation is consistent and transparent

In this research study the strategies of member checks, thick descriptions, and reflexive journaling that accounted for any researcher bias were used to enhance the trustworthiness and credibility.

Member checks. After implementation of the focus group, data were transcribed using a transcription company. The transcribed data were reviewed for accuracy and then coded and categorized to identify relevant themes from the focus group. In an effort to verify the accuracy of responses, participants were asked to review the identified themes and a transcript of the focus group discussion questions and their responses. This process served as a member check. Member checks are an important step in qualitative research that enhances its credibility (Cope, 2014). During member checks, the researcher requests feedback and validation of the conclusions from the participants (Cope, 2014; Harper & Cole, 2012). Researchers Hennink and Weber (2013) & Tessier (2012) agree that the process of recording and transcribing interviews also ensures accuracy in data collection and improves the quality of the research.

Thick descriptions. A detailed description of data collection and data analysis procedures of this research study was provided to help ensure transferability and credibility (Houghton et al., 2013). The project included a comprehensive description of the data collection instruments, techniques, and processes; the data coding processes; and the methods used for analyzing, interpreting, and presenting the findings. Researchers have supported the idea that providing a detailed description of data collection and analysis supports the trustworthiness of qualitative research (Kornbluh, 2015; Houghton et al., 2013).

Reflexive journaling. I utilized a reflexive journal to notate my personal reflections of the research processes. Reflexivity is the awareness of the researcherøs values and experiences as it relates to the research process and has been found to establish trustworthiness in qualitative research (Amankwaa, 2016; Baille, 2015; Cope, 2014).

Researcher bias. When a researcher takes on an active role in the instrumentation process of a research study, there is a potential for bias (Chenail, 2011). According to Poggenpoel and Myburgh (2003) bias can occur if the researcher is not prepared to conduct the field research or if the researcher does an inappropriate interview. Poggenpoel and Myburgh also found that a researcher's opinion and other discomfort related to the research can threaten the value of the data collected and its analysis. Bias is also questioned when the researcher is affiliated with the group of research participants that are in the study (Chenail, 2011). Another bias, "pink elephant bias," according to Morse and Mitcham; Spiers (as cited in Morse, 2015), occurs when a researcher sees what is anticipated from the study. This bias is shared among researchers who are affiliated with the participant group.

I have performed the role of providing case management to Medicaid recipients under both traditional Medicaid and MMC. Therefore bias was minimized in the research study with the implementation of member checks to cross-reference the data collected from the focus group, application of thick descriptions, and reflexive journaling to address researcher bias. According to Morse (2015) utilization of verification process

during data collection allows for data errors to be corrected during the collection and analysis process, providing a system of checks and balances.

Ethical Procedures

To address any ethical concerns of the study, I applied for review and approval to Walden's Internal Review Board (IRB) for consideration of the purpose and plan of the research study. Walden University Institutional Review Board approved this research (approval number 12-26-18- 0498479). An informed consent form was also developed that outlined potential ethical concerns for the participants including risks, benefits to the participants, confidentiality, and the right to withdrawal from participation. Individuals who agreed to participate in the research study were emailed the informed consent form to review. I also provided a copy of the informed consent form during the focus group to discuss with the participants and had them sign the consent form.

When facilitating research studies, careful data management is critical for the protection of the participants (Hardy, Hughes, Hulen, & Schwartz, 2016). It is the responsibility of the researcher to ensure all information is safe and secure. Information shared by the participants has been protected by storing data in a password protected file on a computer hard drive and is backed up on a secure USB drive. The USB drive has been stored in a locked file cabinet in my home office. To help with the confidentiality of participants, pseudonyms were assigned to each participant and all identifying information was obscured from all reports, notes, and publications of this research study and its results. At the beginning of the focus group I reiterated to participants that comments made during the focus group should be kept confidential. I also obtained a

verbal agreement from participants on maintaining privacy and identity of group members and content of the sessions. Data from the study has been maintained and retained according to the Walden University IRB recommended guidelines. A non-disclosure agreement was signed with hired data transcription servicer.

Summary

The purpose of this study was to develop an understanding of the perceived roles of social workers providing case management to MCO enrollees. The action research study was conducted with a group of social workers through the facilitation of a focus group. In this section, I discussed the methodology and rationale for that choice and provided details about sampling, selection, data collection, and data analysis methods. Methods to ensure trustworthiness were also explored in this section. In the next section, I examined the results of the action research study, followed by a final section discussing those results and supporting theories for this study.

Section 3: Presentation of the Findings

The purpose of this action research study was to explore social workersø perceptions of their roles when providing case management to Ohio MMC enrollees. In seeking to develop this understanding, the study also explored the perceived impact of role conflict and role ambiguity on social workers providing case management to Ohio MMC enrollees.

A focus group consisting of five licensed social workers who provided case management to Ohio MMC enrollees was facilitated to explore participantsøperceptions of their roles as case managers. The research question guiding the focus group discussion was as follows: What are the perceived roles of a social worker in case management with Ohio MMC enrollees? The following subquestions were also used to guide the focus group discussion as it related to the research question: (a) How do social workers in case management with Ohio MMC enrollees perceive the impact of role conflict or role ambiguity on their ability to fulfill their role? (b). If necessary, what strategies can address role conflict and role ambiguity regarding the social worker case management role with Ohio MMC enrollees?

Action research was used to gather information from the shared experiences of social workers in the case management role with Ohio MMC enrollees. Data were collected from a focus group facilitated with five social workers who provided case management to Ohio MMC enrollees, demographic questionnaires, emails, and my reflective journal. Participants were recruited using invitations sent to local community service organizations, purposeful sampling, and snowballing. Eligible participants were

invited to attend a 90-minute focus group to share their perspectives on their roles as case managers. The focus group was audio recorded and transcribed by a contracted transcription agency, Go Transcript. The collected data were then coded using constant comparison analysis to identify themes, which were emailed to the participants along with their participant transcripts for review and to confirm accuracy. Reflexive journaling was also used to document my feelings during the recruitment, facilitation, and analysis processes of the study.

In Section 3, I provide a thorough description of the data analysis techniques used in this research project, including the time frame for data collection, a summary of the data analysis procedures, an explanation of validation, and the limitations of the project. Section 3 also includes descriptive statistics of the sample and a report of the findings, including identified themes, unexpected findings, and how the themes answer the research question.

Data Analysis Techniques

After receiving IRB approval on December 26, 2018, I began recruitment by sending a recruitment email on December 27, 2018 to the agency directors of two local social service organizations in Columbus, Ohio that provide case management services to Ohio MMC enrollees. In the email, I introduced myself as the researcher, explained the project, and requested that the agency directors share a participant invitation with the social workers at their organization. After I did not receive any response from the directors, I sent a follow-up email on January 4, 2019. On January 4, 2019, I received a response from one of the directors, who indicated that she had not received the initial

email sent on December 27, 2018 and requested that the information be resent. Recognizing that the first email might not have been delivered due to having an attached file (the participant invitation), I resent the email without attaching the participant invitation. The director received the second email, and after reviewing information about the project, she responded, inquiring about my interest in the topic and my past experience with the Ohio Medicaid system and managed care in Ohio, as well as whether I was recruiting participants from all similar agencies throughout Ohio or specifically in Columbus. I responded to her questions, and she then agreed to discuss my project with her clinical management team at an upcoming meeting. On January 9, 2019, the agency director agreed to share the invitation with the social workers at her organization. A week after agreeing to share the invitation, I only received a response from one employee from the agency who met the participant criteria and agreed to participate.

After failing to receive email correspondence from the second agency, I obtained the agency directorøs phone number and called and left a voice message. However, I did not receive a call back.

I also discussed the project with other social workers with whom I was acquainted in Columbus, Ohio, and they agreed to share the invitation with individuals they knew who met the criteria for the focus group. Through snowballing, I received several responses from individuals interested in participating; however, because these individuals were not employed at one of the partner agencies I had identified in my IRB application, I submitted a request for a change to my IRB approval on January 17, 2019. I requested a change in my participant criteria requirements and consent form to include social workers

in Ohio who were employed by any agency that provided case management services to Ohio Medicaid managed care enrollees. The request for change was approved on January 31, 2019, and I was able to resume recruitment efforts and recruit seven eligible participants.

The focus group was scheduled for Sunday, February 10, 2019, at a central location in Columbus, Ohio. The group was scheduled to begin at 2:00 p.m. Eastern Standard Time (EST); however, at 1:00 p.m. EST, a snowstorm began. As a result of the snowstorm, two participants cancelled; however, five participants still arrived to take part in the focus group.

Upon arrival. participants were assigned pseudonyms, and each participant completed a demographic questionnaire (Appendix A). I reviewed the informed consent form, and each participant signed the informed consent form to acknowledge receipt. Once signed, consent forms were collected. I read a script that introduced the study and reminded participants that the discussion would be audio recorded. I proceeded to facilitate the focus group using a self-designed questionnaire consisting of six questions (Appendix B). The focus group lasted approximately 90 minutes. Following the focus group, the audio recording was uploaded to Go Transcript for transcription. Go Transcript completed the transcription in 3 days, and I immediately began reviewing the transcript and reading it simultaneously with the audio recording to confirm accuracy, making necessary corrections. I repeated this review process four times on four different days to review accuracy. The collected data were then coded using constant comparison analysis to identify themes. Constant comparison analysis is a commonly used

qualitative comparison technique (Cho & Lee, 2014). Constant comparison analysis is often used to analyze focus group data and includes grouping data into small units, coding, grouping codes into categories, and identifying relevant themes (Doody, 2013). Four prominent themes were identified from the data collected from the focus group. The identified themes and participant transcripts were sent to each focus group participant for review and to confirm accuracy. My personal thoughts and experiences during the research process, including recruitment of participants, facilitation of the focus group, and data analysis, were recorded in a reflexive journal and transcribed to account for any biases.

The four themes were care coordination, role conflict and ambiguity, lack of social work influence in managed care, and resources. Information from the demographic questionnaires was coded based on the participantsø responses to items concerning age, race, educational degree, licensure, years as a social worker, and years of experience providing case management services to Ohio Medicaid enrollees. This information was entered into a Microsoft Excel spreadsheet. Personal reflections related to focus group recruitment, focus group facilitation, and data analysis were also coded and uploaded to a Microsoft Excel spreadsheet.

Validation Procedures

Perspectives of qualitative research are assessed by standards of credibility and trustworthiness (Cope, 2014). The strategies of member checking, thick description, and reflexive journaling were used as validation procedures for this research study. Member checking enhanced the credibility and validity of the study through the process of having

participants verify the accuracy of the focus group transcript. After implementation of the focus group, data were transcribed using a transcription company. I then reviewed the transcript and read it simultaneously with the audio recording to confirm accuracy and made necessary corrections. I repeated this review process four times to confirm accuracy. After reviewing the transcript, I coded the data and identified relevant themes. In an effort to verify the accuracy of the participant responses and identified themes, I emailed a list of the identified themes and a copy of the transcript from the focus group that included the discussion questions with each participantøs individual response for each participant to review. Four of the participants responded, stating that their transcript was accurate and that the themes were reflective of the focus group.

Reflexive journaling was used to ensure credibility of this study and to help eliminate any researcher bias. Throughout the recruitment, facilitation, and analysis processes of the study, I used a journal to record my personal experiences and feelings related to my thoughts and questions during the study.

To increase the dependability of the research study, I also used thick descriptions to provide the reader a full description of the research design and implementation of the research, as outlined by Kornbluh (2015). This included descriptions of the data-collection and data-coding processes, details about the gathered data, and details of participant comments from the transcript to support the findings.

Limitations

I carefully organized the design for this research study; however, there were still limitations. One limitation was the sample size. I initially planned to recruit 6-8

participants for the focus group. While I was able to recruit seven participants, only five were able to attend the focus group due to a snowstorm that occurred the afternoon when the focus group was scheduled to occur. The limited sample size of the focus group makes it difficult to transfer the findings to a larger population.

Another limitation was with the demographics of the sample. Although the participants had varying ethnicities, licensure types, and experience, they were all women and fit within two of the demographic age brackets, 35-44 and 45-54 years. The study did not capture the perceptions of social workers of other genders or social workers who were younger than 35 or older than 54.

Descriptive Characteristics

For this research study, participants had to meet the following criteria: licensed social worker, employed for an organization in Ohio responsible for providing case management services to Medicaid recipients, and a current role as a case manager. The descriptive characteristics of the participant sample were gathered from a demographic questionnaire (Appendix A) that was administered to each participant prior to the facilitation of the focus group. All participants completed the demographic questionnaire.

Table 1

Participant Demographic Characteristics

Name	Age	Race	Educational degree	Social work licensure	Years of social work experience	Years of case management experience
Leah	35-44	Caucasian	Bachelorøs	LSW	15	12
Lorraine	45-54	Black	Bachelorøs	LSW	17	7
Shawn	35-44	Black	Bachelorøs	LSW	5	2
Marie	35-44	Hispanic	Masterøs	LISW-S	15	7
Dayle	35-44	Caucasian	Masterøs	LSW	1	1

The social workers in the focus group were referred to by their assigned pseudonyms. The populations they case managed varied depending on their organization of employment but included families, children, older adults, nursing home clients, the prison population, and individuals with chronic illnesses, all of whom were enrolled in an Ohio Medicaid managed care plan.

Findings

The following findings are the result of a focus group conducted on February 10, 2019. The responses from the focus group provided answers to the research question and subquestions:

RQ: What are the perceived roles of a social worker in case management with Ohio MMC enrollees?

Subquestion 1. How do social workers in case management with Ohio MMC enrollees perceive the impact of role conflict or role ambiguity on their ability to fulfill their role?

Subquestion 2. If necessary, what strategies can address role conflict and role ambiguity regarding the social worker case management role with Ohio MMC enrollees?

The data were collected through the facilitation of open-ended questions in a semi structured format relevant to the topics of social worker role perceptions, role conflict, role ambiguity, case management, and managed care (Appendix B). The findings of this study aligned with the identified research question. From the analysis of the focus group data, four themes emerged: care coordination, role conflict and ambiguity, lack of social work influence in managed care, and resources. Descriptive characteristics of the participant sample were also collected from the demographic questionnaire, which provided descriptive characteristics of the sample.

The following section provides a review of the identified themes from the focus group. This includes a review of the semi structured interview questions asked during the focus group and participant responses that contributed to the emergence of the themes helping to answer the research question. The section concludes with a summary of unexpected findings from the study.

Theme 1: Care Coordination

Case management often serves as a process that includes collaboration on completing assessments, care coordination, advocacy, planning, and evaluation of

treatment options that meet the needs of an individual and his or her family (Block, Wheeland, & Rosenbert, 2014; Stokes et al., 2015; Sullivan et al., 2015; Xenakis & Primack, 2013). I began the facilitation of the focus group by asking participants about their current roles as social workers providing case management to Ohio MMC enrollees. While four of the five participants referenced the fact that a large part of their role involved completing paperwork, they all emphasized that their roles involved care coordination. Care coordination is a process used to identify the needs and preferences of an individual and his or her support systems (Johansson & Harkey, 2014). The following statements were made by participants when I asked them to describe their typical day as case managers.

Marie stated, õSome days it's just paperwork, most days it's out in the field. I visit older adults that are all over 60 and I visit their homes and make sure they have what they need to be safe and independent.ö Another participant, Dayle, stated that a typical day as a case manager looks the same as Marieøs: õMine kind of looks the same. I'm either out or literally at my desk just doing paperwork all the time.ö

According to participant Lorraine,

> I case manage nursing home residents primarily to help with discharge planning, help that transition back to the community. It's a lot of back and forth with the social workers at the facilities, a lot of back and forth with community, different community resources, helping getting that client link.

For these participants, care coordination varied depending on their organization of employment. Care coordination included the tasks of helping clients access community

resources, including housing and food. The role also included helping clients identify in-network providers for healthcare. Some participants indicated that they were also responsible for working with parents or family members to coordinate medical transportation for clients. Dayle indicated that her role also involved connecting the parents of the children she case managed to drug treatment resources for themselves. Care coordination for these participants also meant collaborating with management, nurses, or managed care staff to advocate for clientsø needs. Lorraine described collaboration in the following manner:

> We do collaborations because on my team thereøs two of us. We got two social workers and we split counties and we collaborate with our nursing staff to say, õThis is what the client needs, this is what weøre doing on our end, now this is what you need to do because we found this need, and now you're the one that can make it happen.ö

Lorraine then went on to comment,

> Our management is very good and very supportive of my role and what I do is with the members. Sometimes they are more tenacious than I am that they go above and beyond, and theyøre trying to break down those barriers because if I could clinically say, õHey, they need this and this is why,ö and I could clinically support that need, management will fight for me to try to get that client what they need.

Theme 2: Role Conflict and Ambiguity

When there is a lack of role clarity, role conflict often results caused by the ambiguity of role duties or expectations (Preznya et al., 2017). Focus group participants were asked: What role conflicts or role ambiguity have you experienced with providing case management to Medicaid managed care enrollees? Participants overwhelming expressed that their case management roles were not clear. They indicated that the role that they anticipated upon starting the position differed once they began working for their organizations. Others expressed that their perception of their role often conflicted with the expectations of the clients they case managed, their employer, and the managed care organizations.

Lorraine commented that a lot of responsibilities have been added to her case management role since she began working for her employer. She stated:

> I got pulled into many different roles as a social worker. It was hard, at first, to balance all of them, but, thankfully, one of them was taken off of my plate, so it's a little easier to balance.

Dayle commented that she initially assumed her role was working with the kids but since starting in her case management position, she has very limited interaction with kids. According to Dayle:

> The big joke is, when all the interns start, they say, Oh, I'm just so excited to work with kids. It's like, your interaction with the actual kids is maybe 20 minutes in a home visit and the rest of it is piecing this together.

Dayle went on to say:

> My language needs to change a little bit because you don't actually get to work with them. You can advocate for them. You are helping them. But you're not working with kids. You're working with providers and systems far more than you're working with kids.

Marie also commented about her role. She indicated that as a case manager working with older adults; her role has been more medical based than she thought. This has included discussing medication compliance with clients and ensuring they have access to necessary durable medical equipment. Marie stated:

> With my role its older adults and they have chronic illnesses and issues. So, it's not so much mental health and substance abuse, it's a whole lot of medical stuff. That wasn't what I was expecting in that role. And you do spend a lot of time going over medicine and making sure they're taking their medicine, making sure they're going to appointments.

In discussing the impact of role ambiguity and conflict, the participants discussed that the perception of their roles is often different from the perception of the clients, their employer, and the managed care organizations. The participants made the following comments about the varying perceptions:

According to Dayle:

> Well I think agenda, I think everybody has different, in one case; everybody has a different agenda for you. For me, I feel like so the parents going to assume that this is what I'm going to do for them. The providers are going to assume this is what I'm going to do for them. My management is going to assume that this is

> what I'm going to do and the child, the teacher, and everybody has a different agenda for me. There's a lot of ambiguity, there's a lot of toe stepping, no one wants to come together, then you can stand in, "Okay, this is what's going to go down." You have to take in all of that bias and all of the ambiguity and all of what the expectation and piece it all together and then once that you have a solid footing on that picture, then you can execute.

Lorraine, Shawn and Marie agreed with Dayle. Lorraine commented:

> With the clients, my biggest barrier on clients "You a social worker, I need a food box." You're supposed to go get it.

Shawn followed Lorraineǿs comment by stating:

> It's about educating the clients that this is my role, this is what I do. I do a lot of education where dealing with people, they're desperate where they hear it, but they want that need met.

Theme 3: Lack of Social Work Influence in Managed Care

Theme three emerged from participant responses to focus group discussion question 4, which asked if any, what would participants suggest as ways to address these role conflicts or role ambiguity. In answering this question, the participants suggested a need for an increase in social workers in management positions. They also suggested an emphasis on continued client education on social work roles and the need for university social work programs to teach students about managed care and their roles with managed care.

Leah explained that decisions at the organization where she is employed are made by people who are nurses or have business management backgrounds. According to Leah, this has resulted in many of the decisions being made with a lack of social work perspective but having a great impact on the role of case managers. According to Leah:

> Social workers have really dropped the ball in this managed care business. I was like, because all these companies are run by nurses. Nurses who don't have experience, who don't understand, and it's not that they can't learn because we all learned at some point, but I think even maybe the nursing education doesn't prepare them for this kind of work.

Leah then commented:

> I think that social workers could play such a bigger part in helping things run better. If there was a social worker who had experience in this line of work and was in an upper leadership position and knew how to interact, knew how to reach the contract with Medicaid and was able to execute, I think, that right there is where it needs the change. I mean, because that's where all of the ambiguity starts.

Lorraine agreed with Leahøs experience, explaining that often social workers and their perspectives are overlooked in the case management role. Lorraine commented:

> It's frustrating and as a social worker you have to fight moreí .. it's like pulling teeth to get these clients what they need. And the nurses, they're not going to listen to a social worker,

Lorraine also talked about the workflows that have been developed by her organizations. She explained that in her role as a case manager, she is expected to follow a workflow.

She explained how the workflow has been created by nurses who are running the organization and often do not make sense to her, which has resulted in her adjusting the workflow. According to Lorraine:

> You adapt your own ways because they tell you, look at the workflow. Okay, the workflow, excuse my language, is trash that even when they're reading the workflows, That doesn't make sense. So when you are working with managed care I feel like you have to work as an independent and just do it. You're flying by the seat of your pants. That's a nice way to put it that. You hope it's right, but if it's not, okay, tell me how to fix it. Sometimes, they can't tell you how to fix it because the people making the decisions, they're writing the workflows, they've never done any case managers. They're not social workers, they're nurses or they're LPCs. They can't tell you, This is what you're supposed to be doing.

The participants also collectively expressed that since clients have their own perspective of case management and how social workers should be meeting their needs, it is important to educate the clients on the case management role to minimize conflict and ambiguity. According to Shawn, as it related to educating clients on her role she stated: õwe are the ones who could paint that overall picture with the client.ö All of the other participants agreed with Shawn.

During the discussion, Leah, also discussed the need for students in social work education programs to be taught about managed care and its influence on social work practice and social worker roles. Leah indicated that from her interactions with social workers new to the field, they lacked the clinical skills that were required for a case

management position with managed care. She stated that from her experience, these individuals did not know how to appropriately assess and identify a clientøs need to meet managed care guidelines. Leah commented:

> I wonder what the bachelor people are being taught now, going through and becoming social workers now. There's such a need for them to learn clinical skills even though it's not as valued unless you've worked in certain places. Just through conversation and just asking questions it's like well, there's still that need to really develop young social workers so that they-- I don't know. I'm wondering if that's getting left on the wayside because of all of this change in the way social work is being done with the manage care.

Lorraine, Shawn, and Marie acknowledged that they had observed similar situations with co-workers who were recent graduates from a social work program and had limited clinical skills.

Theme 4: Resources

Another prominent theme that emerged from the focus group in answering the research question related to how social workers perceive their roles in case management with Ohio MMC enrollees was resources. The consensus among the participants was that a significant role responsibility that they had involved identifying resources for clients. These resources primarily included housing, food, and transportation. The participants indicated that many of the clients they case managed struggled with maintaining affordable housing and having adequate food to meet their health needs because of the socioeconomic status. The participants commented that many of their clients also

struggled to identify medical and non-medical transportation and how their clients often perceived that the primary role of their case managers was to link them with these resources. They described this role as challenging due to limited availability of these resources in the community especially in rural communities. However, despite being limited, clients assumed their case managers could link them with the resources. According to Shawn:

> One thing I've noticed too with manage care is that I'm more client focused, okay this is what the client need. That you're spending more time on resources and then in Franklin County the most taxing thing is I need affordable housing. There's no more affordable housing and then I'm getting that resource need every day, especially with the income as a barrier.

Lorraine agreed with Shawn and commented:

> I'm meeting more of a resource need now where I can spend most of my day on resources and put my nursing home clients to the side because I have to deal with these resources food and security, helping with utilities, making sure that they're getting the resources that they need, clothing resources and different things.

Unexpected Findings

During the focus group one participant, Leah asked if I or the other participants knew about a grant opportunity for Ohio managed care companies. Leah mentioned that the funding had been made available to all five managed care organizations in Ohio to be able to link clients to community resources. According to Leah, the grant highlighted five key identifiers including food insecurity and domestic violence. Neither I nor the

other participants had heard of the grant. Several of the participants wondered if the managed care organizations would use the grant to partner with local social service organizations that already focus on identifying resources. Another unexpected finding was the participants mentioned very little about case managing the medical and mental health needs of their clients and reducing healthcare costs. This was surprising because case management has traditionally been offered to Medicaid recipients as a benefit aimed at not only coordinating care and but also reducing Medicaid costs (Kim et al., 2013).

Summary

The focus group provided an exploration of the perceptions of social workers about their roles as case managers working with Medicaid MMC enrollees. The exploration helped answer the research question. Using constant comparison analysis and coding four prominent themes emerged. These themes included: care coordination, role conflict and ambiguity, a lack of social work influence in managed care, and resources. The participants agreed that their case management role primarily involved care coordination. Much of their care coordination focused on the social aspects of their clients including linking client to housing, food, and transportation resources.

Section 4 of this study will conclude the project with an acknowledgement of the implications for positive social change. In this section, I also highlight how the findings from the project can be applied to professional ethics in social work practice and recommendation for social work practice.

Section 4: Application to Professional Practice and Implications for Social Change

This action research study was conducted to develop a better understanding of the roles of social workers providing case management to Ohio MMC enrollees. In developing this understanding, the goal of the study was to fill gaps in the understanding of the role of social workers providing case management services to Ohioøs MMC enrollees. Case management is a Medicaid benefit that is often provided by social workers. However, despite the prevalence of this role, there is little social work research on the perceptions of social workers in this case management role.

Qualitative action research was used to explore the perceptions of social workers providing case management to Ohio MMC enrollees. By using action research, I was able to gather information on the shared experiences of social workers in the case management role with Ohio MMC enrollees.

Key findings from the focus group highlighted how care coordination is a large component of the case management role of social workers working with Ohio MMC enrollees. In reference to aspects of care coordination, social workers from the focus group discussed how they focused on linking Ohio MMC enrollees with social resources including housing, food, and transportation. In a research study on client perspectives on care coordination, researchers Freij et al. (2011) conducted a qualitative study that included six focus groups and 25 interviews of participants who received care coordination services. The participants attributed the care coordination services they received to their assigned social worker. The participants also reported that the care coordinators often helped them with housing and healthcare needs (Freij et al., 2011).

This finding of this action research study related to care coordination being a prominent role for social workers was not surprising, in that research has shown that social determinants of health including unmet nonmedical needs are linked with health (Rowe, Rizzo, Vail, Kang, & Golden, 2017). Research has specifically shown that unaddressed nonmedical needs including housing and income can result in poorer health, increased mortality, unnecessary hospitalizations, and greater use of the emergency room (Rowe et al., 2017). As a result, the World Health Organization (WHO) has made a national call for interventions to be implemented to address these nonmedical needs in healthcare reform (Rowe et al., 2017). This national call has led to many health organizations including MCOs placing focus on addressing both medical and nonmedical needs of the clients they serve (Rowe et al., 2017).

Another key finding identified from the focus group included the idea that although the provision of case management services has traditionally been a role fulfilled by social workers, guidelines for case management of Ohio Medicaid MMC were commonly developed and implemented by nurses and therefore lacked a social work perspective. In a research study on social worker roles in Medicaid reform, Bachman et al (2017) also found that social work influence was absent from state-level health systems and policy practice related to Medicaid. These researchers also found that although social workers had developed practice strengths with various relationships with community providers and had developed expertise in the social determinants of health, these practice strengths were not represented at the macro level influencing Medicaid changes (Bachman et al., 2017).

The findings of this research study extend knowledge in the social work discipline by helping to define the case management role of social workers working with MMC enrollees. Understanding the case management role is important because, with the implementation of managed care, guidelines related to the case management role have changed. The findings from this study highlight some of the common perceived responsibilities of the role, which could be used to improve the case management role definition. The findings from the study could also be used to provide awareness of the perceived responsibilities within the case management role. This awareness could help social service organizations improve their case management role descriptions. This improvement could also minimize role conflict and role ambiguity of the social worker role in case management, which could enhance the effectiveness of the role. There is also the potential that the findings could influence MCOs to better incorporate the social work perspective into case management guidelines, allowing for greater inclusion of social work principles in the role.

The remainder of Section 4 provides an exploration of the application of this research study to professional ethics in social work practice. It also provides recommendations for social work practice based on the findings, including action steps for clinical social workers who work in case management. Additionally, I address the transferability and usefulness of the findings, offer a discussion of limitations, and provide recommendations for further research. The research study concludes with a discussion of implications for social change.

Application to Professional Ethics in Social Work Practice

The NASW Code of Ethics identifies six core values with corresponding ethical principles for each value (NASW, 2017). The core values of the social work profession include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2017). One value from the NASW Code of Ethics that relates to the identified problem of this study is the importance of human relationships. According to the ethical principle that correlates with this value, social workers are charged with the responsibility of recognizing the importance of relationships. In particular, social workers have the responsibility of understanding how relationships can drive change. This principle encourages social workers to engage others as partners in the helping process and strive to strengthen relationships among people in an effort to promote, maintain, and enhance others including individuals, families, organizations, and communities (NASW, 2017). During the focus group, participants agreed on the importance of maintaining good relationships with individuals including clients, families, coworkers, and providers. They discussed the influence of having positive relationships with their supervisors, coworkers, and other departments in their agencies for collaborative efforts to meet the needs of their clients. They also discussed the influence of maintaining communications with providers and how this helped with coordinating care for clients.

Another value related to this study is competence. The corresponding principle indicates that social workers should practice within areas in which they are competent and develop professional skills in these areas (NASW, 2017). This principle encourages

social workers to continue to learn and increase their professional knowledge and use it to contribute to the social work profession (NASW, 2017). Researchers Acker and Lawrence (2009) and Acker (2010) found that social workersø competence in understanding managed care correlated with their ability to fulfill case management tasks. Social workers who had a better understanding of managed care guidelines reported feeling better able to perform case management tasks compared to those who did not feel competent in managed care guidelines (Acker, 2010). Focus group participants expressed that while they felt competent in their roles, their roles frequently changed as state and federal Medicaid and healthcare changes were implemented. Several participants also discussed that while their employers offered training when changes were implemented, they questioned whether social work academic programs were teaching students about managed care and its changes and the impact that these changes had on the profession to help with their competency related to managed care. According to Bachman et al. (2017), social work education does not adequately prepare students who work in healthcare and does not prepare them to influence healthcare policy and take on leadership roles.

The identified social work problem for this research study was also guided by the NASW Code of Ethics core value of service. The corresponding ethical principle identifies that the primary goal of social workers is to help people in need and address social problems (NASW, 2017). The principle recommends that social workers use their skills and knowledge to help people in need. The principle also suggests that social workers focus on providing service to others and volunteer some of their professional

skills for the good of others with no expectations of financial compensation (NASW, 2017). Throughout the focus group facilitated for this research study, a common word that was mentioned by focus group participants was *help*. The participants each stated ways in which they used their clinical skills to help the clients they were serving. They discussed how they helped to link clients to nonmedical resources and helped them obtain necessary medical equipment, and several participants discussed how they helped the family members of the clients they were managing get linked to community resources.

The NASW Code of Ethics is intended to serve as a guide for social workers and their professional conduct (NASW, 2017). It is important for social workers in the case management role with MMC enrollees to recognize and maintain relationships with enrollees, social service organizations, and MCOs. By staying focused on meeting the needs of Ohio MMC enrollees, social workers in this role are able to enhance the well-being of the individuals they case manage while helping their employers meet guidelines set by MCOs.

However, to be effective in meeting the needs of Ohio MMC enrollees and fulfilling the value of service, social workers must also be competent in their roles. As highlighted in this study, ensuring social workersø competency involves minimizing role conflict and role ambiguity so that social workers have a thorough understanding of their role and responsibilities.

As they relate to social work professional ethics, there are several ways that these findings may impact social work practice. If MCOs focused on improving relationships and communications with social service organizations that employ social workers as case

managers, they might be able to collaborate to improve guidelines and work processes for the case management role. If more social workers were involved in defining case management work processes, the roles and responsibilities of case managers might be better defined. This could result in increased competence in social workers in the case management role with Ohio MMC enrollees. This is relevant because ultimately, the status of the relationship with MCOs and social service organizations impacts the role of the social workers providing case management. The strength of that relationship can impact the role perceptions of social workers providing case management and their ability to be competent in their roles and provide necessary services to the Ohio MMC enrollees they are case managing. In a research study examining the role of social work leadership within Mount Sinai Care social work department, the accountable care organization (ACO), and population health management, researcher Xenakis (2015) evaluated the importance of the social work leadership role in the development and operation of the care coordination model at Mount Sinai Care. According to Xenakis because the social work profession has a strong emphasis on case management, a social work leadership role was needed for the implementation of the care coordination model. Mount Sinaiøs approach to develop a successful care coordination model included understanding the role of the ACO that the hospital was partnered with, engaging with healthcare leaders, improving technology for service delivery, engaging with patients, and the development of a care coordination staffing model for each practice (Xenakis, 2015). In the development phase of the care coordination model, Mount Sinai hosted three integrated care coordination retreats where medical, social work, and management

leadership gathered and discussed different care coordination programs to develop a collaborative coordination model (Xenakis, 2015). The final care coordination model also included strategies to recruit and train care coordination staff (Xenakis, 2015). After the model was implemented, stakeholders were able to identify a need for practice-centric social work leadership to provide clinical and operational oversight, which offered leadership opportunities to existing and experienced social workers (Xenakis, 2015). According to Xenakis the care coordination model proved effective, workflows improved, and relationships were developed with PCPs and the care management team, allowing for better integrated services for clients. Social workers were better trained on operations and even developed knowledge to talk to clients about medical needs including diabetic testing, improving blood pressure, and involving nursing when needed.

Recommendations for Social Work Practice

Based on the findings of the focus group in this research study, there are a few recommended action steps for clinical social workers who practice in this area of focus. One action step includes educating others about the case management role for Ohio MMC enrollees. This includes client education and educating other professionals within the agency, including nurses who may be providing nurse case management to the same enrollees. Another action step encourages social workers to engage in opportunities to contribute to defining work processes and offer suggestions to management that can potentially improve work processes. Lastly, social workers are encouraged to improve their learning related to case management and consider taking the courses and exam required to obtain a case management certification and become an expert in this area of

practice. The impact of these recommended action steps was reflected in the research study by Xenakis (2015). Under the new care coordination model at Mount Sinai Care, many social workers had opportunities to attend and present at ACO education days, actively participate in ACO quality metrics meetings and supervision, and become co leaders of work groups that helped in the development of strong teams that shared best practices and expertise (Xenakis, 2015). Bachman et al. (2017) also highlighted the importance of social workers developing collaborative working relationships in which they can educate partners about their roles. Bachman et al. further discussed the need to clarify social workersøroles to policymakers to improve the effectiveness of their roles as written in policies.

The findings of this research study will also have a personal impact on me as an advanced practitioner in the social work practice. I currently hold a position as a case manager with a large insurance company that also offers MMC in different states across the country. Although I work with members who have commercial plans, I will present the findings of this study to my supervisor to share with management in the government division. Another impact of the findings is that they have improved my understanding of the perspective of other social workers as it relates to their case management role with Ohio MMC enrollees. I will use this increased understanding to develop trainings for social workers related to the topics of case management roles, Medicaid, and managed care and submit proposals to present at social work conferences throughout Ohio. I will also use the findings to continue research in the area of case management to continue to add to social work literature in this area of practice.

The findings of the study may be transferable within the field of clinical social work practice. The findings provide an understanding of the role of social workers providing case management to Ohio MMC enrollees. Similar to the implementation of the Mount Sinai care coordination model, this knowledge can be used to improve education and training for social workers who are already in the role as well as for new social workers being hired by local social service organizations to fulfill the role. With improved role clarity, social workers could be better prepared to provide identified case management services to clients. With the implementation of the care coordination model, Mount Sinai Care improved education and training of existing social workers and developed a model for training new hires that helped to improve the workflow and consistency of the role (Xenakis, 2015). The implementation of the care coordination model helped to improve role clarity for the social workers by offering education about the social worker role to all hired social workers, Mount Sinai medical providers, and other departments within the ACO (Xenakis, 2015). The findings from this research study are useful in understanding how social workersøroles can change as shifts in policy occur. Several of the social workers from the focus group commented that when they provided case management to individuals who had traditional fee-for-service Medicaid, the processes to coordinate care were efficient and less timely. They mentioned that with the implementation of MMC, there are more steps and processes in place for them to coordinate care for enrollees which create challenges in the effort to meet clientsøneeds. As shifts in policy occur at federal, state, and local levels, the findings suggest the need for the inclusion of the social work perspective in decision making regarding changes

impacting social work practice. The participants identified this as being one way to minimize the occurrence of role conflict and role ambiguity when policy changes occur. When evaluating the implementation of the care coordination model at Mount Sinai, Xenakis (2015) found that including social workers in the development and implementation process helped with defining roles. According to Xenakis the model was structured to specify the responsibilities of masterøs-level social workers, which differ from the responsibilities of bachelorøs-level social workers. Social workers were then trained based on their roles and responsibilities, followed by ongoing training and workflow meetings within the organization (Xenakis, 2015).

As mentioned, the usefulness of this study is limited as it relates to transferability and trustworthiness. According to the Council on Social Work Education (CSWE, 2017), the social work profession is comprised of 83% female and 17% male social workers. Considering the underrepresentation of male social workers in the United States, it was not surprising that the participant sample for this research study was all female social workers from the state of Ohio. However, because the male social worker perspective was not captured in the study transferability of the findings is difficult. The study findings could have benefited from the shared experience of at least one male social worker who was employed as a case manager working with Ohio MMC enrollees. The inclusion of the male perspective would have allowed me the opportunity to identify any role perception differences that may have been related to gender improving the transferability and trustworthiness of the results. The limited sample size also limits the transferability of the findings. Due to the limited sample size of the study, readers will

ultimately have to decide about the transferability of these findings to their practice environment. Additionally, some of the participants did not provide feedback to the transcript and list of themes that was emailed to them for review. Participants were advised that I would email them a copy of their transcripts from the focus group and the identified themes for their review and feedback in both the informed consent they signed and at the conclusion of the focus group. However, only three participants provided feedback and confirmed their transcripts. This process was part of member checking for participants to validate the content of the transcripts and share thoughts about the identified themes (Koelsch, 2013). Because two participants did not confirm their transcripts the trustworthiness of the study was limited.

Although the sample size was limited for this study one strength of the focus group was that the social workers who participated were very engaged in the focus group. The participants openly shared their experiences and perspectives related to the research question. The participants appeared confident about their roles as evidenced in their thorough responses in explaining their roles to the group. The group also appeared to support each other as some expressed conflicts they experienced in their roles. This support was evidenced with nonverbal cues including head nodes and verbal agreement of the same or similar experiences.

The limitations of the study have resulted in the following recommendations for further research. Further research should consider recruiting a larger sample or the facilitation of several focus groups to obtain data for analysis. The facilitation of focus groups in face-to-face sessions is often recommended because this method allows

researchers to have insight into unspoken behaviors and the interpersonal dynamics of the group (Thomas & Quinlan, 2014). However further research should consider using video and telephone conferences to host focus groups as a means of increasing the researchersø access to eligible participants. Although participants for this focus group were not offered compensation for their participation in this focus group, for further research, to increase recruitment response rates, it is also recommended that researchers offer eligible participants modest compensation allowable by the IRB.

Information produced from this research study can be disseminated in different ways. First, I will develop a presentation and submit a proposal to present at local social work conferences in Ohio. Another way I plan to disseminate the information from the study is to share it with participants who are actively in the role. The focus group participants and director from the partnered social service agency have requested a copy of the study once it is published.

Implications for Social Change

There is a potential for the findings from this research study to impact positive social change at the micro, mezzo, and macro levels of social work practice. At the micro level, social workers can be informed of the most prevalent responsibilities of their roles. This includes developing skills to effectively coordinate care for the clients they are managing and also developing skills for identifying community resources with which link their clients. Being informed of the role responsibilities and the development of skills related to the role responsibilities can help minimize role conflict and role ambiguity of social workers in this area of practice.

Findings from this study can be used for social change at the mezzo level to educate employers about the role perceptions of case managers including the perceived conflict and ambiguity experienced in the role. By increasing employerøs awareness of the perceptions, they can implement trainings for current employees and include these trainings related to the case management roles to train new employee hired for this role. Social service organizations that are contracted with managed care organizations to provide these case management services can also advocate for managed care guidelines to be representative of the social work perspective as it relates to the case management role. The organizations can also increase communication efforts with MCOs to ensure that MCOs are aware of the responsibilities within the case management role. These communication efforts could ensure that when guidelines are created or updated they are relevant of the worked experiences of the social workers in the case management roles.

Similar to steps Mount Sinai took to develop a guide for the roles of social workers in its organization (Xenakis, 2015), the findings from the study could be used at the macro level, by Ohio Department of Medicaid to expand section D of the Ohio Case Management Guide to include a list of prevalent roles and responsibilities of case manager. This guide could be used by the managed care organizations in Ohio to communicate with contracted social service organizations about the case management role. This could help minimize role conflict or role ambiguity for social workers in the case management role. According to Bachman et al. (2017), social work has not be visibly involved in Medicaid reform and has been absent from state-level health systems and policy development. To improve the social work influence in managed care case

management policies in Ohio, the Ohio Department of Medicaid and the MCOs could also evaluate the representation of their staff and consider adding social workers to positions that include policy development. This was a step Mount Sinai implemented to improve the influence of social workers in the development of their care coordination model that proved to be effective for stakeholders (Xenakis, 2015).

Summary

Like many other states in the United States, Ohio has privatized many of its Medicaid programs and contracted with managed care organizations to reduce state Medicaid expenditures. Social workers in case management roles working with Medicaid recipients have been impacted by the privatizations however there is a gap in literature on this impact. The goal of this action research study was to develop a better understanding of the perceptions of social workers providing case management to MMC enrollees in Ohio. A focus group was facilitated that allowed a group of social workers with case management roles to share their experiences as case managers working with MMC enrollees. The social workers provided insight into their roles and the primary responsibilities included in their roles. They also shared their perceptions about their roles and the conflict and ambiguity related to their roles. Many offered suggestions on ways their employers and the managed care organizations could define their roles and work process to reduce conflict and ambiguity.

Social workers continue to offer clinical skills that are beneficial to managed care organizations and the clients being served. It is my hope that the findings from this study will encourage organizations to review their case management role descriptions, meet

with social workers in the case management role to access their perspectives and update their organizations description of the role so that it may reflect the perceptions of their social workers. By reducing conflict and ambiguity in roles, social workers may improve efficiency in their roles allowing them to better serve the clients and have positive impact on the agency and social work practice.

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Appendix A: Demographic Questionnaire

Age

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or more

Race (Select all races/ethnicities that apply):

- Caucasian
- Black or African American
- Native American or Indian American
- Hispanic or Latino
- Asian/Pacific Islander
- Other______________________

What educational degree do you currently hold?______________________________

Which social work license do you currently hold?____________________________

How many years have you worked as a social worker?________________________

Which social organization are you employed with and how long have you been employed there as a case manager? ____

____

How many years of experience do you have providing case management services to

Medicaid enrollees in Ohio? ____

Appendix B: Focus Group Protocol

1. Welcome/Introduction:
    a. Facilitator begins with a welcome and thanking everyone for volunteering to participate.
    b. Facilitator introduce self
    c. Distribute consent form
    d. Assign pseudonyms
2. Participants will be asked to review consent form, ask any questions, and sign consent form. Facilitator will offer an unsigned copy of the consent form to each participant.
3. Facilitator will distribute demographic questionnaire and collect once completed.
4. Facilitator will give brief overview of the research project and the goals of the focus group. õYou have been brought together so that we can learn from each other about social worker perceptions on their role as case managers for Medicaid managed care enrolleesö
5. Facilitator will give participants information about the focus group process, times, breaks, bathrooms and other housekeeping facts.
6. Facilitator will distribute name tags (first name usage only).
7. Facilitator will provide basic guidelines for the focus group to participants including:

a. If you feel uncomfortable at anytime during the interview, you have the right to leave or not answer the question. There is no consequence for leaving. Participation is voluntary.

b. Keep personal information in the room, do not share the identity of the attendees or what anyone else said outside of the meeting

c. Everyoneøs ideas will be respected. Please do not make comments or judgments about what someone else says

d. Please respect each other and talk one at a time.

e. Everyone has the right to share their experiences and perceptions.

f. There is no right or wrong answers.

8. Facilitator will remind participants that the focus group interview will be audio recorded.

9. Facilitator will ask participants to introduce themselves with the assigned pseudonyms and indicate how many yearsø experience they have in case management.

Facilitator will ask the following questions:

1. Describe a typical day providing case management to Medicaid managed care enrollees.

2. Describe any role changes you have experienced with recent the Medicaid policy changes.

   Probe 1: How has management at your organization influenced role changes?

Probe 2: How has this impacted your ability to meet the needs of Medicaid managed care enrollees?

3. What role conflicts or role ambiguity have you experienced with providing case management to Medicaid managed care enrollees?

   Probe 1: How has this impacted your role as case managers?

4. If any, what would you suggest as ways to address these role conflicts or role ambiguity?

   Probe 1: How would this impact your role as case managers?

5. Describe your perception of how effective your current role(s) is (are) in working with Medicaid managed care enrollees.

6. Is there any additional information you would like to share about your role as a case manager with Ohio Medicaid managed care enrollees?