

Making the Transition to Conflict-free Case Management in Alaska, Colorado, and Wyoming: Lessons from the Front Lines

Presentation Given at the
2015 National HCBS
Conference

Speakers

- HCBS Strategies:
 - Steve Lutzky, President
- Colorado Department of Health Care Policy and Financing:
 - Jed Ziegenhagen, Director for the Office of Community Living
 - Brittani Trujillo, Case Management Services Coordinator
- Alaska Department of Health and Social Services:
 - Duane Mayes, Director Senior and Disabilities Services
- Wyoming Department of Health:
 - Chris Newman, Behavioral Health Division Senior Administrator
 - Joe Simpson, Developmental Disabilities Section Administrator
 - Kathy Escobedo, Provider Support Unit Manager

Conflict of Interest Requirements in the HCBS Rule for 1915(c) waivers

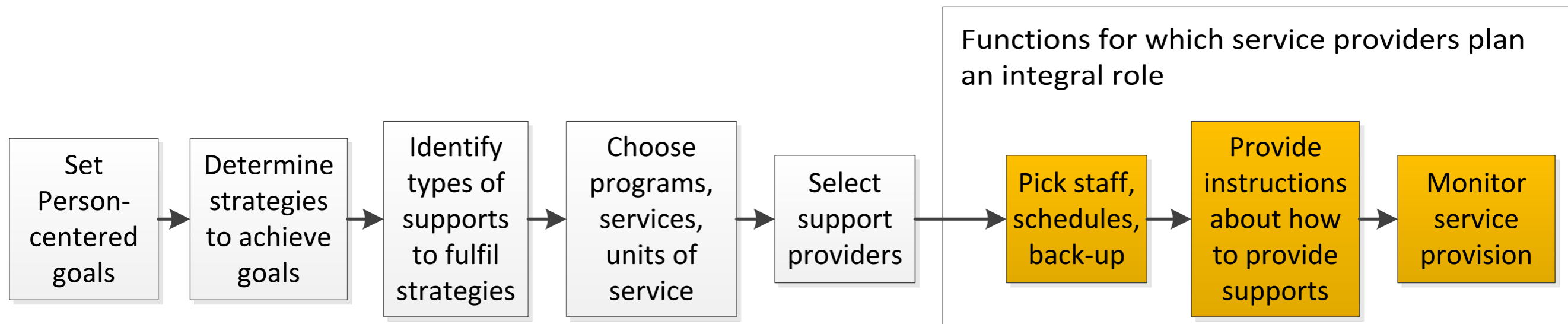
- 42 FR §441.301 (c)(1)(vi)
- Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person-centered service plan,
- except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.
- In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS.

Other Considerations

- Unlike settings, no transition, became effective 3/17/14
 - CMS appears to be drawing a line at the waiver renewal, but the line could change
- Rules address “case management”
 - Does not explicitly discuss implications of whether case management is paid as an administrative cost or with non-federal dollars.
 - CMS has made it clear that if the individual is receiving funds under one of the authorities, the rules apply to the person and all of the supports they receive. *State only dollars will not buy an exemption.*

Where to draw the line between CM and service provision

Core Steps in Implementing a Person-centered Plan



- Need to delineate:
 - Support plan vs. implementation plan.
 - Monitoring requirements for case manager vs. service provider.
- Handling transition from current to the compliant system

Selection of States for this Panel

- We conducted interviews with multiple states to assist Alaska in developing a plan, which they are implementing (during)
- Colorado provides an example of a state engaging in an extensive stakeholder input process (before)
- Wyoming provides lessons for a state that has completed the transition (after)

Conflict Free Case Management

Colorado's Transition

Brittani Trujillo and Jed Ziegenhagen

September 2, 2015



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Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Implementing Conflict Free Case Management in Colorado

- Colorado's Current Case Management System Structure and Conflicts
- Challenges Faced While Changing the System
- Approach to Changing the System
- Actual or Potential Benefits/Drawbacks
- Lessons for Other States



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Colorado's Current Case Management System Structure and Conflicts

- Community Centered Boards (CCB) and Single Entry Points (SEP)
- Administrative and Targeted Case Management
- Providers of HCBS waiver services
- Past attempts to address conflict of interest
 - University of Southern Maine, 2007
 - Conflict of Interest Task Force, 2010
 - Conflict Free Case Management (CFCM) Task Group, 2014
 - Community Living Advisory Group, 2014



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Challenges Faced While Changing the System

- Services and case management for individuals with intellectual and/or developmental disabilities (I/DD) in place prior to waivers and Medicaid funding
 - CCBs don't just provide case management
 - The “go-to” place for all things IDD
 - Organized Health Care Delivery System (OHCDS)
 - State Funded Programs



Challenges Faced While Changing the System

- Waiver Redesign for I/DD adult waivers
 - HB15-1318
 - Redesigning services
- Statute Changes
 - CCBs designated by statute to provide CM for individuals with I/DD



Colorado's Approach to Changing the System

- CFCM Task Group 2014
 - Met from February-October
 - Submitted report with three recommendations:
 - Option 1: Complete separation of case management from direct service provision
 - Option 2: An agency can provide both case management and direct services, but not to the same individual
 - Option 3: An agency can provide both case management and direct services to the same individual, as long as there is a robust, informed consent, opt-out option
 - The Department released the report for public comment February 2015
 - Upon receipt of all public comment, the Department responded to the report, May 2015



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Colorado's Approach to Changing the System

- Colorado contracted with Navigant Consulting, Inc.
 - Financial Analysis of all CCBs
 - Desk Reviews
 - On-site visits
- Colorado contracted with Public Knowledge
 - Conduct bi-weekly to monthly meetings with the Department and CCB Executive Directors
 - Provide a report with recommendations for an implementation plan for CFCM



Actual or Potential Benefits

- Benefits
 - Individuals will be afforded choice in case management agency and in direct services
 - Real or perceived conflict of interest will no longer exist
 - The way in which case management is delivered and reimbursed can be redesigned
 - Individuals can receive the level of case management they need
 - Case management can be reimbursed accordingly
 - Increase in provider capacity



Actual or Potential Drawbacks

- Drawbacks

- Supporting people (individuals receiving services, CCB employees, community members) through the change
- Providing a stable transition for all people involved, without eliminating the other essential CCB functions
- None of the CCBs operate in exactly the same manner
- Some individuals and families have a longstanding relationship with their case manager, case management agency, and/or direct service provider



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Lessons for Other States

- Engage the community from the beginning
- Listen
- Establish a communication plan
- Listen
- Establish a framework
- Listen
- Provide plenty of opportunity for feedback
- Listen



Questions or Comments?



Contact Information

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Thank You!



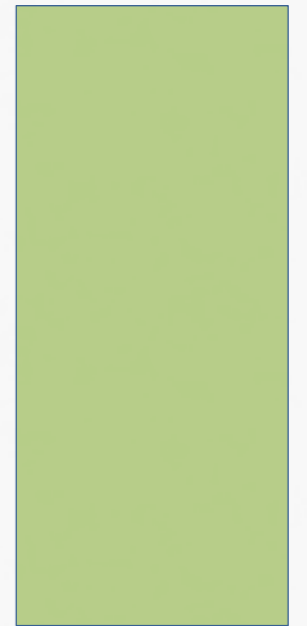
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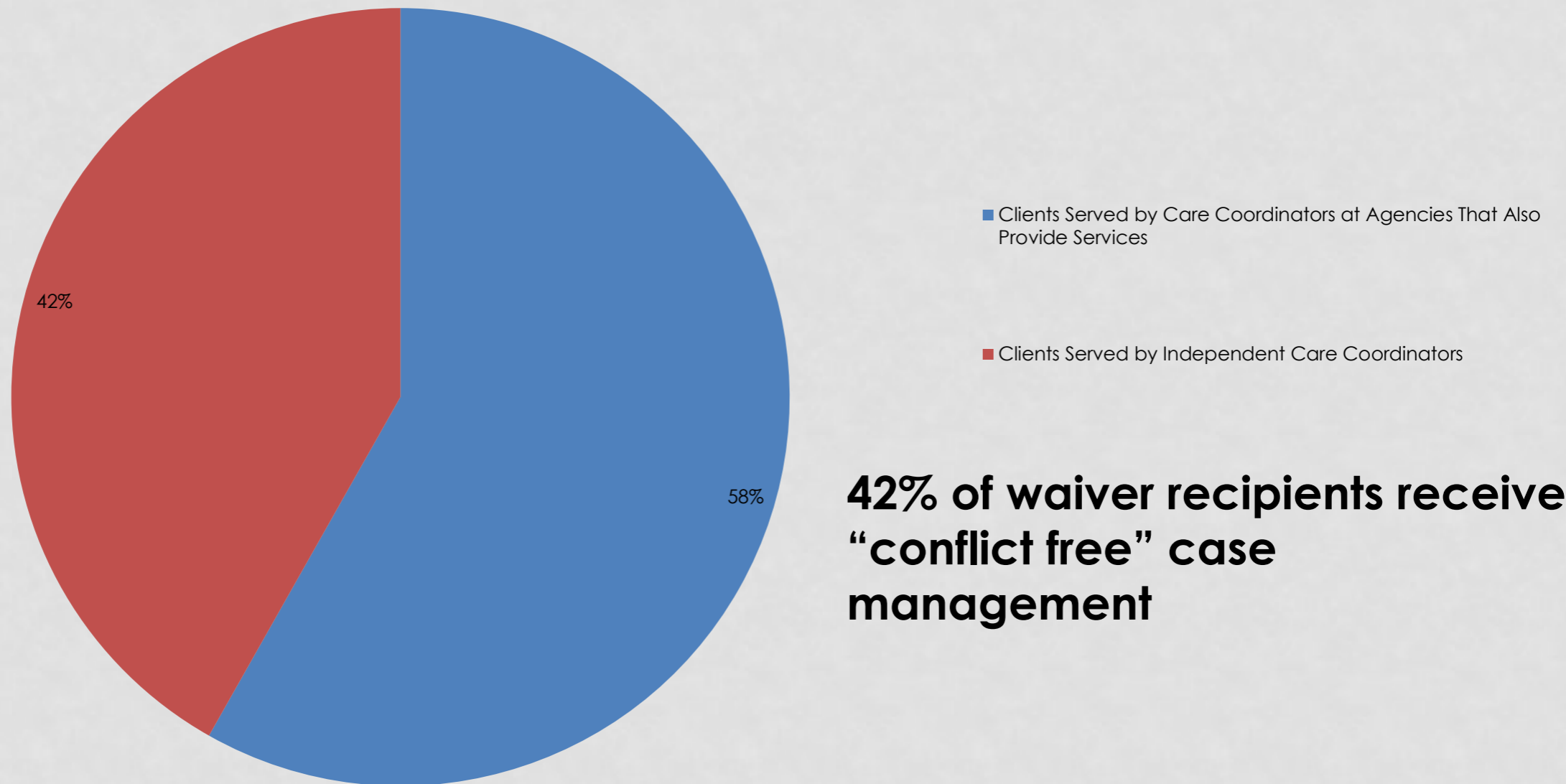
CONFLICT FREE CASE MANAGEMENT: NEW RULES, NEW DIRECTIONS

CMS REGULATIONS EFFECTIVE MARCH 17, 2014



WHAT % OF RECIPIENTS RECEIVE CFCM CURRENTLY?

Alaska Total

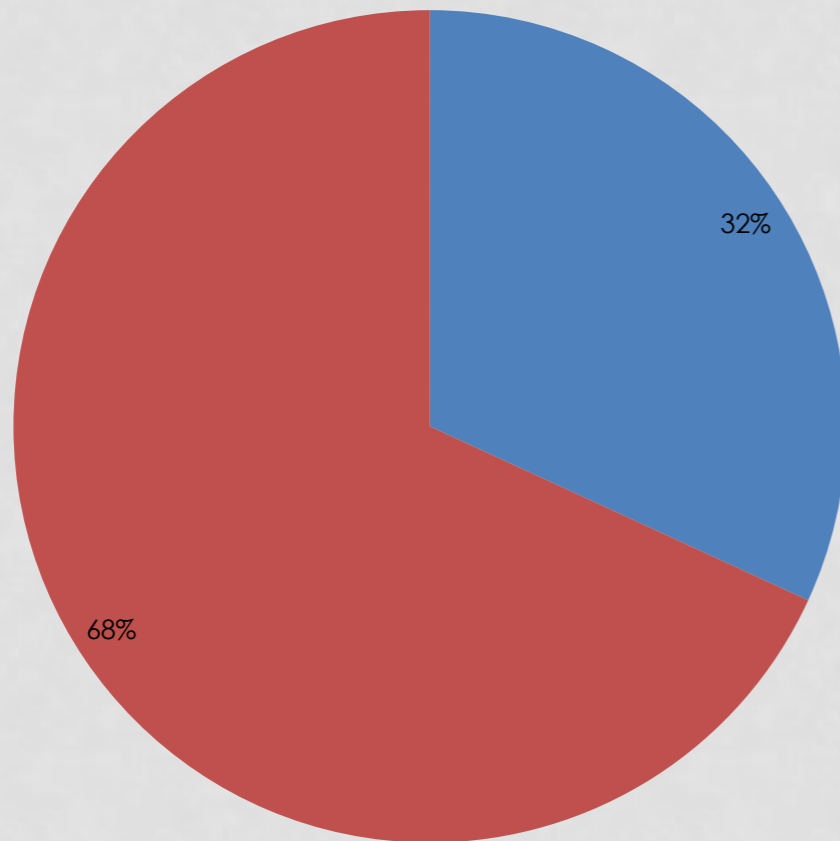


42% of waiver recipients receive “conflict free” case management

WHAT % OF RECIPIENTS RECEIVE CFCM CURRENTLY?

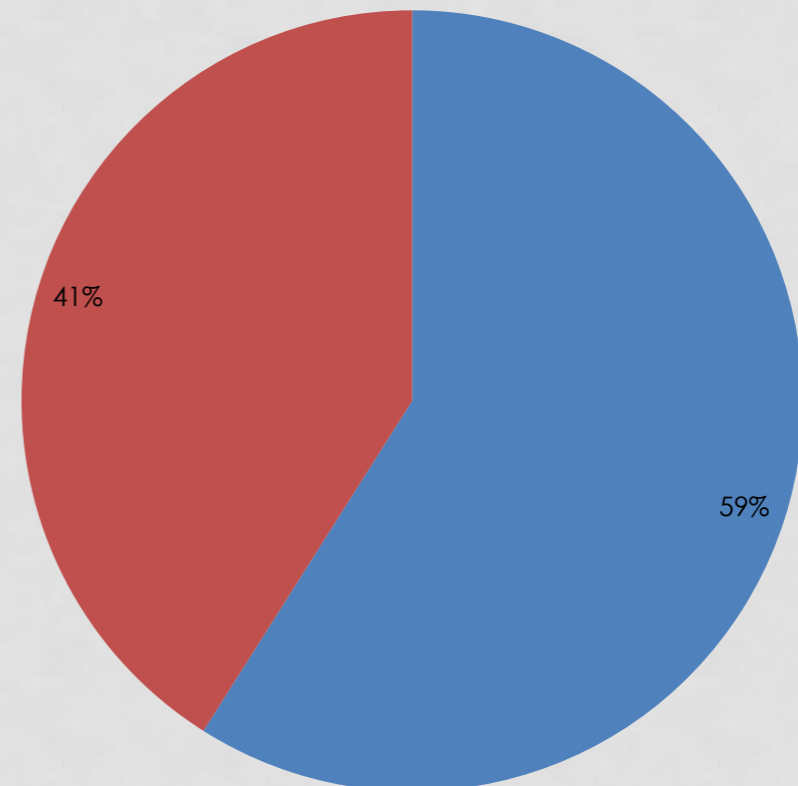
68% of ALL recipients

Alaskans Living Independently



41% of APDD recipients

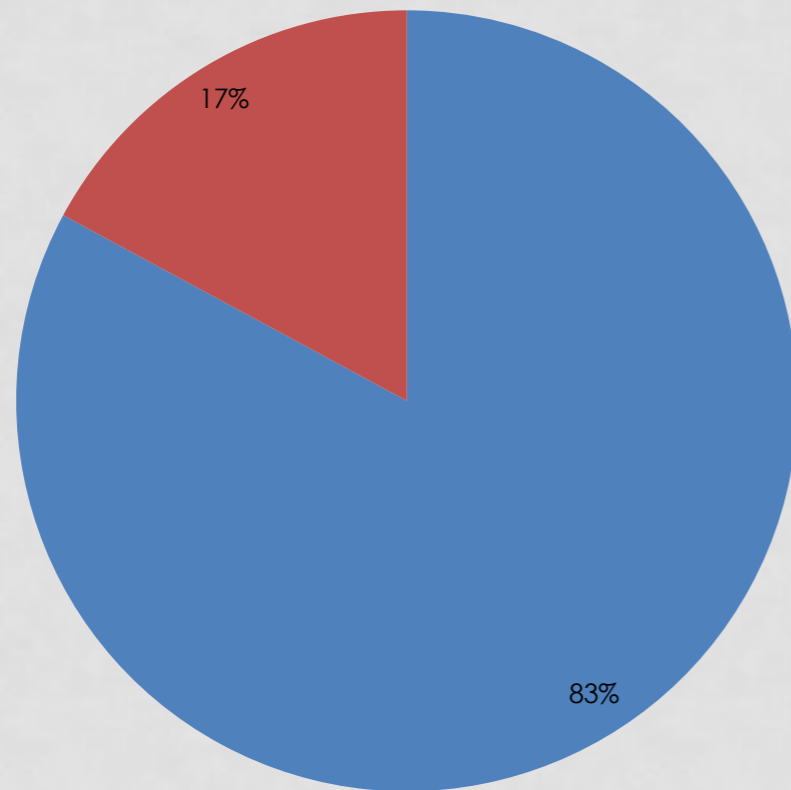
Adults with Physical and Developmental Disabilities



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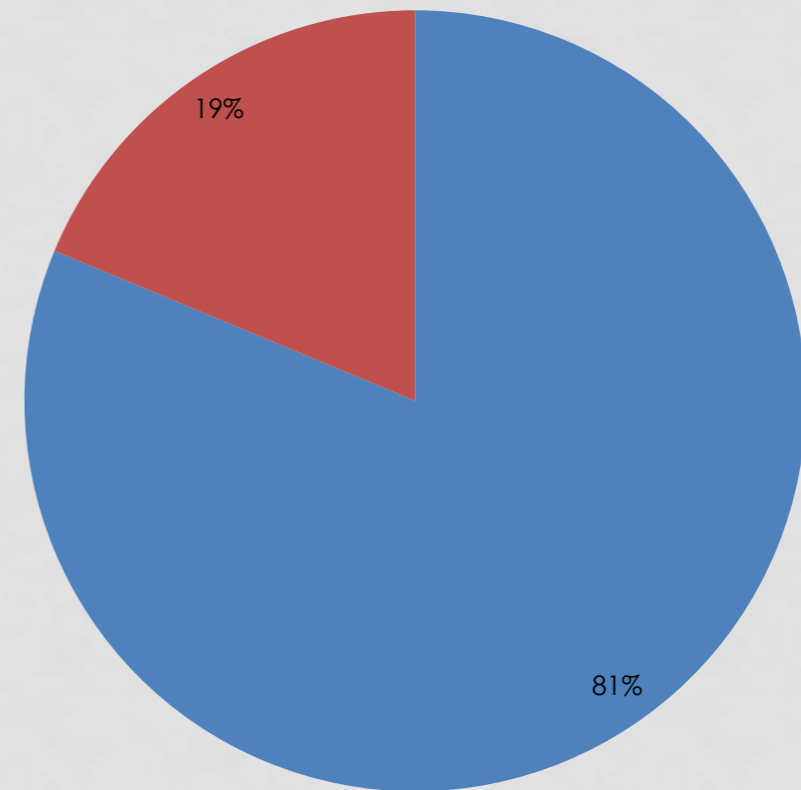
17% IDD recipients

Intellectual and Developmental Disabilities



19% CCMC recipients

Children with Complex Medical Conditions



WHAT WE'VE DONE SO FAR

- Convened a working group of DHSS, Trust and provider stakeholders
- Made decisions to “redesign the system”
- Hired consultants to facilitate a planning process
- Received “Conflict-Free Case Management System Design” report from consultants containing four options for system design:



PROPOSED APPROACHES TO CFCM

- **Option 1:** Current system with modifications – separation of case management and service delivery
- **Option 2:** State-designated, single case management agency per region
- **Option 3:** State-designated “administrative support only” agencies
- **Option 4:** Multiple agencies that provide case management and administrative support

THE DIRECTION WE'RE GOING

- **Option 1:** Current system with modifications – separation of case management and service delivery
- **Option 4:** Multiple agencies that provide case management and administrative support
 - Promotes choice and quality
 - Administratively feasible
 - Builds on current system



IDENTIFIED TASKS

- *Determine current capacity for CFCM in all geographical areas of the state*



Region	Number of Care Coordinators	Number of Care Coordinator Agencies	Number of Clients	Number of Clients Served by Independent Care Coordinator	Percent of Clients Served by Independent Care Coordinator
Anchorage			2,197	1,114	51%
IDD	83	38	925	195	21%
ALI	87	62	1,144	882	77%
APDD	26	17	36	18	50%
CCMC	38	18	99	21	21%
Southcentral			1,360	586	43%
IDD	72	37	538	89	17%
ALI	76	54	716	471	66%
APDD	25	18	31	9	29%
CCMC	33	15	76	17	22%
Southeast			320	64	20%
IDD	31	16	192	34	18%
ALI	21	16	98	18	18%
APDD	4	3	6	4	67%
CCMC	13	9	24	8	33%
Interior			326	47	14%
IDD	24	14	206	16	8%
ALI	12	11	95	29	31%
APDD	5	3	5	1	20%
CCMC	10	4	20	1	5%
Northwest			45	2	4%
IDD	5	4	31	0	0%
ALI	2	2	2	2	100%
APDD	0	0	0	0 n/a	
CCMC	4	2	12	0	0%
Southwest			95	3	3%
IDD	12	8	71	2	3%
ALI	3	3	4	1	25%
APDD	0	0	0	0	0%
CCMC	6	5	20	0	0%
Alaska Total			4,343	1,816	42%
IDD			1,963	336	17%
ALI			2,059	1,403	68%
APDD			78	32	41%
CCMC			251	47	19%

Waiver Recipients Currently Served by Conflict-Free care coordinators, by Region and Waiver Type*

*Regional totals for care coordinators and care coordination agencies are not available as unduplicated counts.

IDENTIFIED TASKS

Identify places where there is only one willing and qualified agency to provide both case management and HCBS

- By “geographical area”
 - Census area? Region? City? Tribal health region?
- Verification?



IDENTIFIED TASKS

Develop a method to stabilize areas with a “sole-source” provider

- Time-limited “designation”?
- “Open enrollment” periods?



IDENTIFIED TASKS

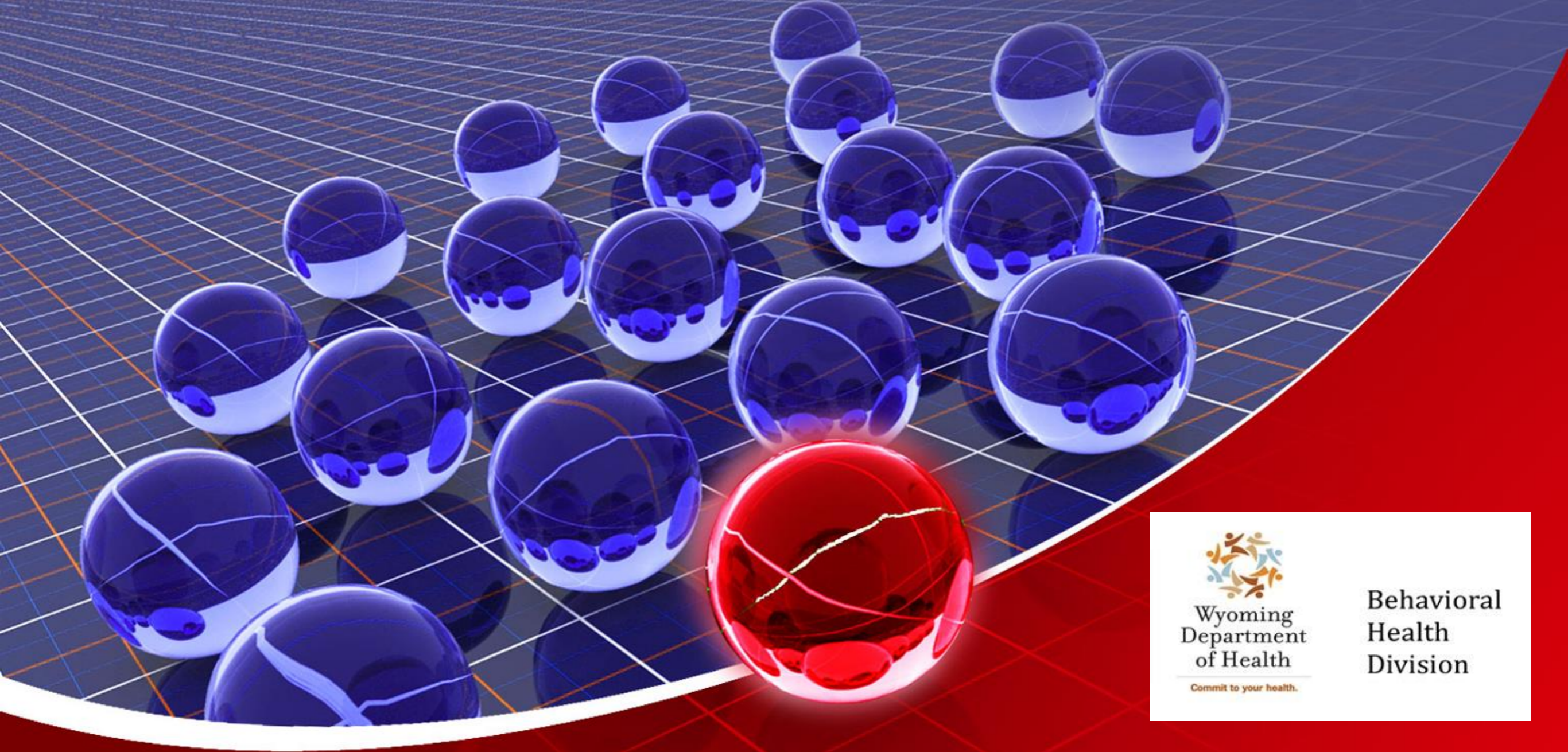
Establish strategies to mitigate conflict of interest when “sole-source” agencies are allowed to offer both case management and HCBS

- Disclosure
- “Firewalls”



IDENTIFIED TASKS

- Continue to ensure recipient health, safety and welfare
 - Quality standards for CFCM
 - Excellent provider policy, certification, and compliance support
 - CFCM capacity-building
 - Ensure adequate training resources
 - Negotiate acuity-based rates



Wyoming's Conflict Free Case Management

Roll-Out Process

Case Management Structure Prior to Change

- Wyoming certifies all providers as independent contractors
- Providers are certified as individuals or agencies
- Both could provide case management and other waiver services they were qualified for to anyone on their caseload

Issues with Model

- Case managers and case manager agencies were essentially monitoring themselves
- No real advocacy
 - Case managers hired by agencies were often forced with the dilemma between advocating or keeping their job
 - Individual case managers who were self-employed were often promoting their own waiver services



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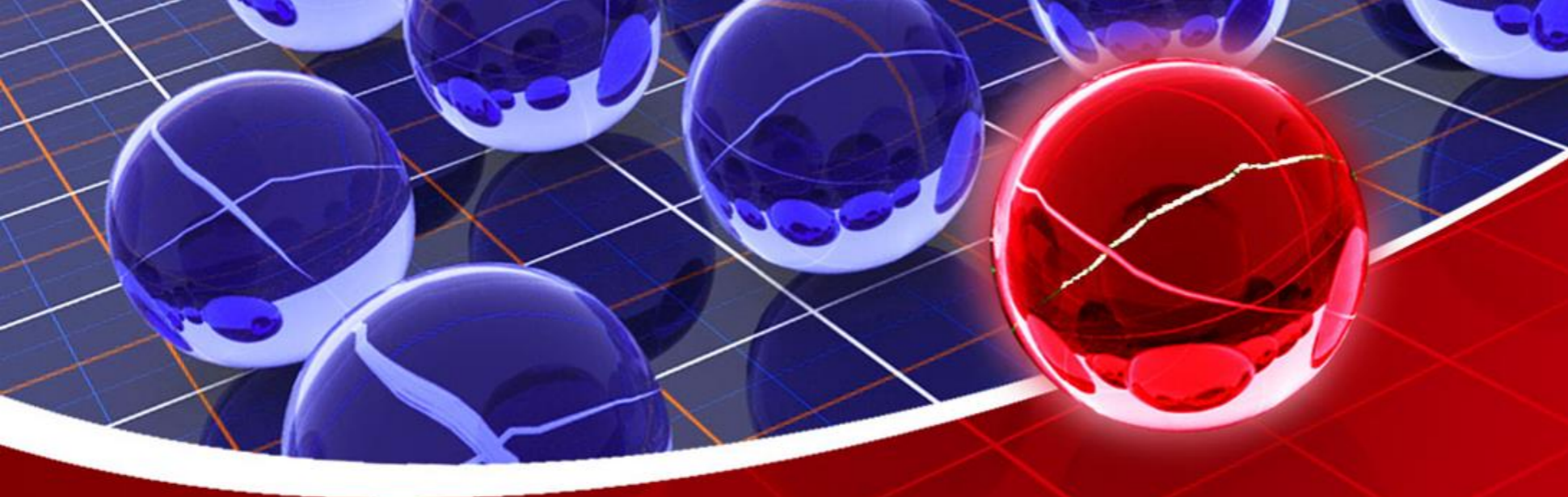
Challenges in Trying to Change the System

- We received many concerns from individual case managers, agencies that employed case managers, guardians, and participants

Concerns Included:

- Loss of income for the case manager
- Loss of either a case manager or a provider for the participant and guardian
- Loss of income from case management services for agencies that employed case managers
- Loss of benefits for case managers employed by agencies that had built up retirement and/or insurance
- Loss of case managers

All of the above led to legislative concerns



Approach

- Wyoming was already looking into changes to the case management system, which was part of a legislative mandated waiver re-design of the entire Medicaid Waiver System that included waiver case management services



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Research and Decision Making Process

- Wyoming wanted to increase case management qualifications along with exploring available case management models
- Contracted with National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- Consultant came to Wyoming and met with Wyoming Department of Health (WDH) leaders to describe different approved case management models

Research Continued

- Stakeholder teams were developed
- Conducted research on other states
- Consulted with the contractor from NASDDDS
- Teams met weekly and discussed:
 - *case management models in the states researched*
 - *how case management was billed; and*
 - *qualifications for case managers in other states*
- Draft recommendations were developed and presented to Senior Leadership of WDH

Research Continued

- The senior leadership team met to discuss recommendations of the case management team
- Final decisions were made regarding case management qualifications and the model to be used

Process to Implementation

- Developed draft case management model
- Received guidance on proposed model from WDH attorney and Attorney General
- Proposals were met with a great deal of negative response and resulted in legislative push back
- Senior leaders spoke to legislators during the legislative session



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Process to Implementation

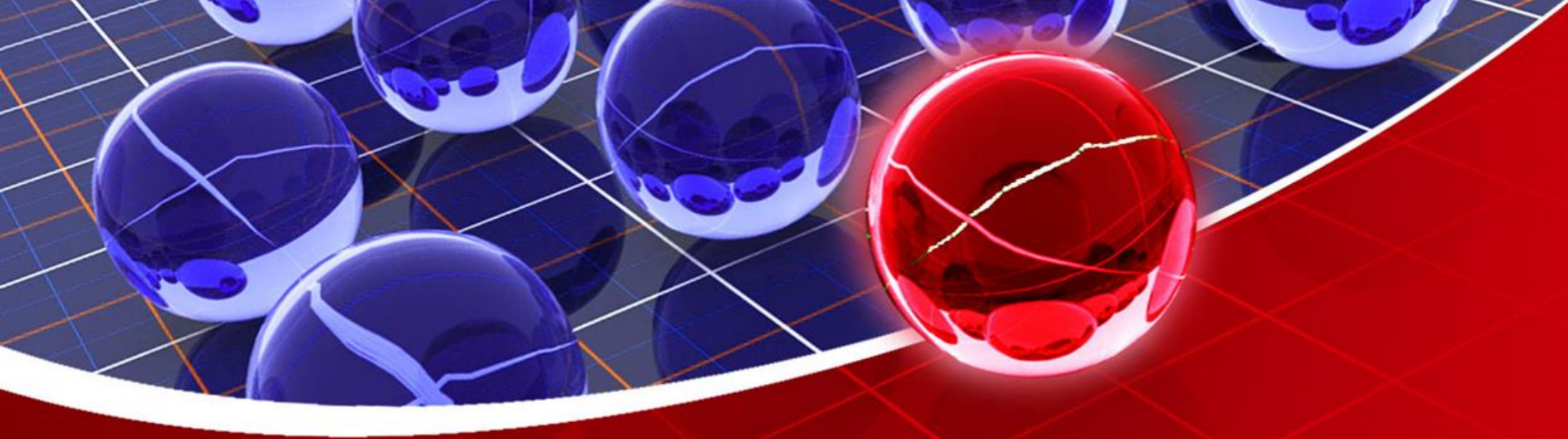
- Around the same time the Wyoming Legislature was meeting, CMS made conflict free case management a requirement
- Legislature made final decisions on the model and case management qualifications



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Process to Implementation

- Created internal BHD staff team who developed process for reviewing qualifications, grandfathering in for some case managers with the expectation of increased college coursework
- BHD staff team developed a full implementation roll-out process which started July 1, 2014



Implementation

Full roll-out was completed on July 1, 2015, at which time the entire case management system was conflict free

Actual or Potential Benefits/Drawbacks from Changes

Actual Benefits

- Improved advocacy for participants
- Improved choices in services that best meet needs and wishes of participants (*person-centered planning*)
- Increased independence for participants
- Positive feedback received from the case managers on aspects of the change

Actual Drawbacks

- Loss of benefit packages for case managers that left agencies
- Some difficulty with communication for case managers who are no longer employed with agencies
- Agencies are unhappy that teams are discussing other available waiver service options and/or other providers

Lessons for Other States

- Ensure there are legislators on the stakeholder team
- Try to meet with various legislators to discuss process, proposal, options, and concerns
- Stick to the model that is developed to ensure its integrity
- Anticipate negative comments and requests to allow exceptions

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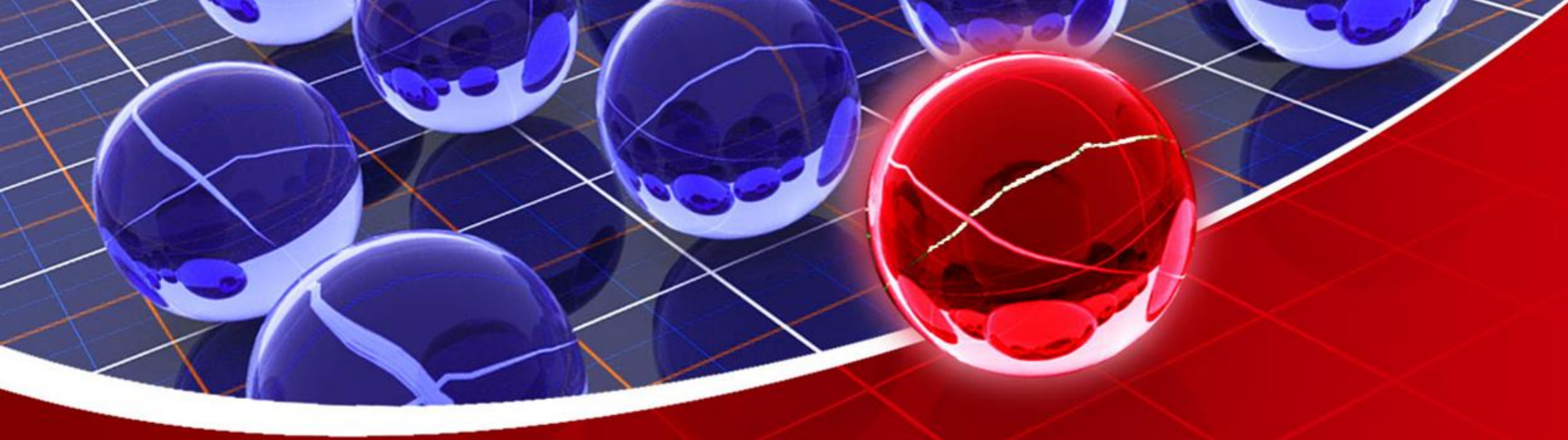


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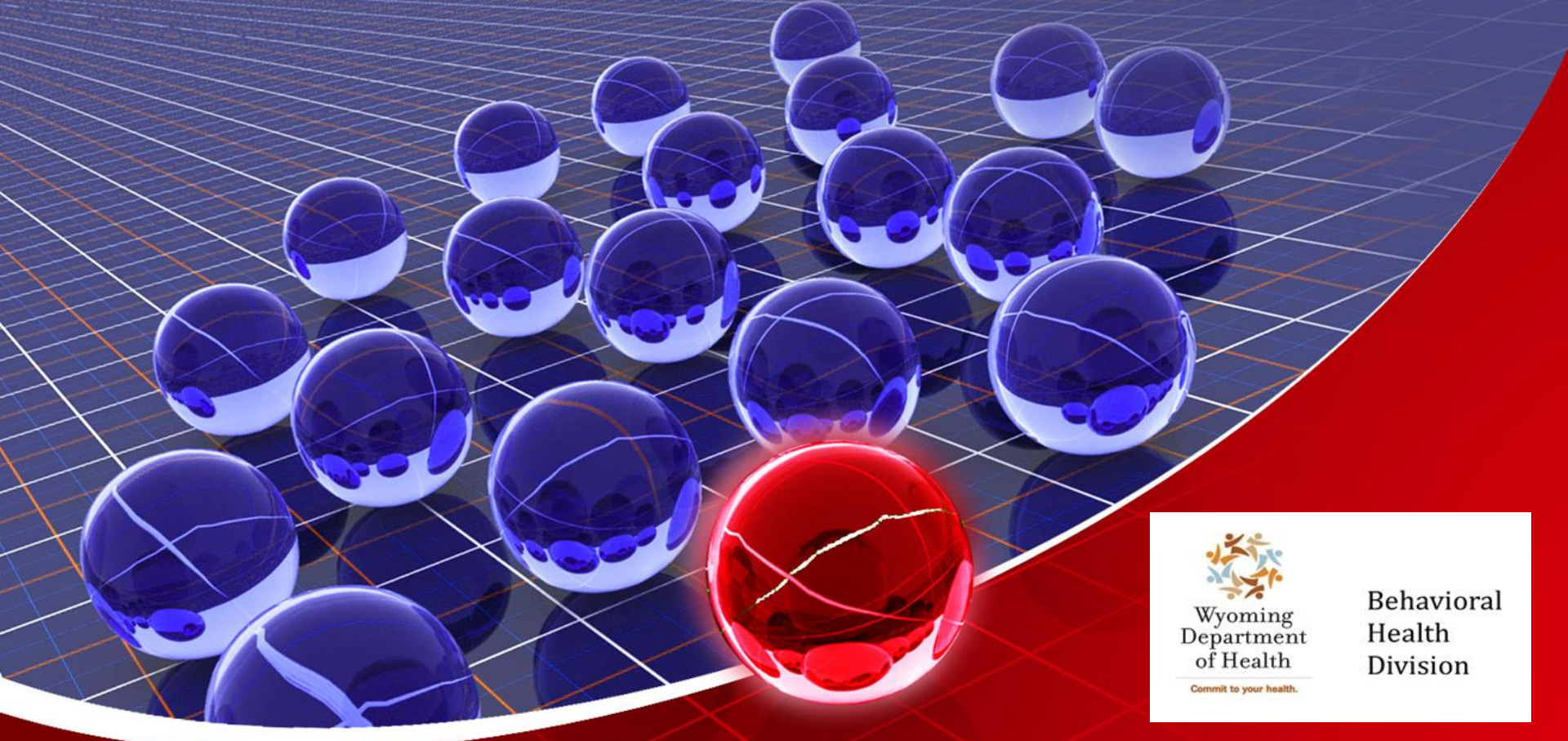
And Special Thanks To:

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- **Sheila Thomalla, Provider Support Specialist**



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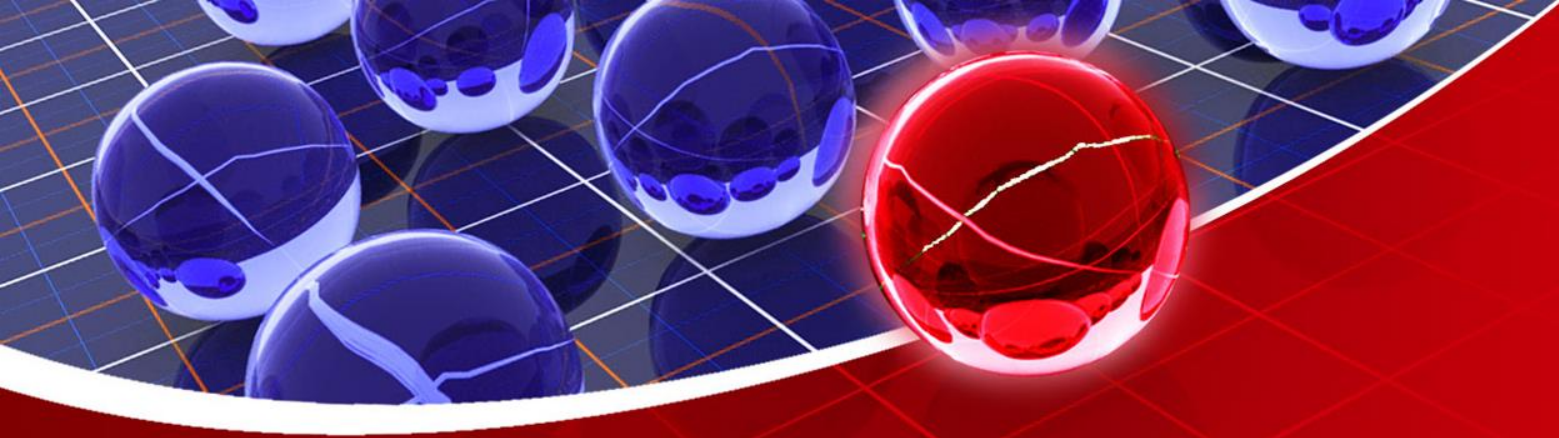
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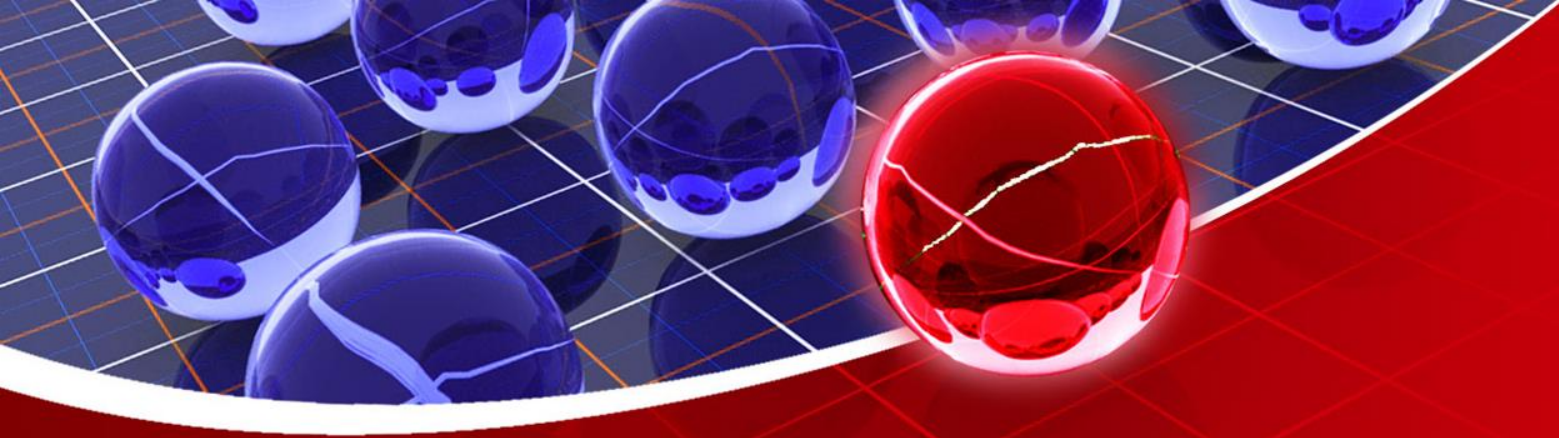


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