

Conflict-Free Case Management Task Group
 October 22, 2014: 9:00 – 12:00
 Health Care Policy & Finance Department
 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7C

Date: October 22, 2014			
Task Group Members Participating:		State Staff Present:	
Amy Ibarra – Horizons		Brittani Trujillo - DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-advocate		Facilitator:	
Edward Arnold – Parent		Claire Brockbank – Segue Consulting	
Hanni Raley – The ARC of Aurora			
Joe Manee – Self-advocate		Guests:	
Kathy Hill – Goodwill Industries		Steve Hemelstrand - Parent	
Leslie Rothman - Imagine			
Linda Medina – Envision			
Maureen Welch - parent			
Rob Hernandez – Provider			
Tom Turner – Community Options			

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Meeting	<ul style="list-style-type: none"> • Wrap up outstanding issues and walk through report recommendations 	
I. Introductions & Administrative Tasks	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees. • October 8 Meeting Summary approved. • Lori indicated that the Department is working on a mechanism for providing input to CM training and certification content. 	

<p>II. Report Comments and Attachments</p>	<p>The Group discussed how to compile the comments to the draft report made by members and guests. After much deliberation the following was agreed upon:</p> <ul style="list-style-type: none"> • All comments will be combined into one document. • Submitters will be identified as “guest” or “task group member”. <ul style="list-style-type: none"> ○ The number of meetings attended by task group members will be listed, phone meetings will carry equal weight to in-person attendance. • Comments will be presented alphabetically by last name. • Comments will not be submitted as an Appendix to the report but will be part of the public record as a document being submitted with the report. <p>Attachments to the Meeting Summaries (a complete set of which is being provided as an Appendix) were also discussed.</p> <ul style="list-style-type: none"> • Additional content will be limited to those specifically submitted to the Task Group. This includes written guest comments and the list of “Implementation Considerations” Tom Turner submitted. • A bibliography of the documents used by the Group will also be developed. • A link to the audio recordings of the meetings will be included in the report. 	
<p>III. CMS Follow Up</p>	<p>Ed Arnold received the following response from CMS to his inquiries:</p> <ol style="list-style-type: none"> 1. <u>Allowing single-entity CCBs to do both CM and services, but not for the same person.</u> <p style="margin-left: 40px;"><u>CMS Response:</u> Since the state hasn’t demonstrated that the provider agency is the only willing and available entity to be responsible for the case management, there would be a conflict of interest if an individual case manager working for the CCB provides the case management and another individual working for the CCB provides the direct service, and the CCB agency claims payment for both functions. If the CCB umbrella case management agency has a relationship with the subsidiary that provides the direct services, then there is a conflict. The rule at 441.301(c)(1)(vi) clearly states that providers are not allowed to provide both case management and HCBS services for an individual except when the State demonstrates that the only willing and qualified entity to provide case management in a geographic area also provides HCBS.</p> 2. <u>Allowing CCBs to claim that person-centered planning and the client's right to choose overrides conflict of interest, and they should be allowed to provide both CM and services in an existing single-entity CCB system, if the client says that is what they</u> 	

	<p>want. The CCBs want to be able to "grandfather" clients receiving both CM and services from them now, into a continuation of CM and services from them.</p> <p><u>CMS Response:</u> The individual must be offered informed choices regarding the services and supports they receive and from whom, but there cannot be any conflict of interest. There is no grandfathering under the final rule. Person-centered planning does not override or take precedence over conflict of interest. Both segments of the rule stand on its own.</p> <p>Kim Kalil, Health Insurance Specialist Centers for Medicare and Medicaid Services</p> <p>Brittani has not yet heard back from CMS to the following query, sent on September 30.</p> <ol style="list-style-type: none"> 1. Grandfathering for those people in services who have a long-standing relationship with a case manager, can they be “grandfathered” into a CFCM system by receiving both CM and direct services provision from the same agency. 2. Can a person in services “waiver” their right to CFCM? Can they make an informed choice to receive both CM and direct service provision from the same provider agency? 3. Can an agency provide both case management and service provision but not to the same person? For example, can Agency A provide CM to Jon and direct service provision to Amy, while Agency B provides CM to Amy and Agency C provides direct services to Jon? 	
IV. New Options	<p>Brittani and Lori presented an additional two options that the Department suggested during their internal review process. Both are variations on the theme of a case management agency (CMA) that serves the physical, behavioral, and social/lifestyle (not sure this is the right word) needs of the individual receiving services. Some of these agencies could focus exclusively on a particular population – such as IDD, while others might serve all waiver populations but have specialty teams addressing populations such as IDD.</p> <ul style="list-style-type: none"> • Some members of the Group liked the integration of a broader range of needs under the umbrella of a single case manager and likened this model to a shopping mall where everything is available to individual shoppers. • Others expressed concern about the creation of a “super group” or “Walmart” type agency that would crowd out smaller case managers. 	

	<p>The Group expressed concern that it was late in the process to be introducing new options, particularly from individuals in the Department who have not been part of the ongoing process. Ultimately, however, the Group felt that these were not incompatible with the options already included in the report, and that these suggestions were more of a “how” than a “what”.</p> <ul style="list-style-type: none"> • These options are considered a “how” and will therefore not be included in the report. 	
<p>V. Final Report</p>	<p>Claire explained that in the report distributed on 10-21-14, all edits or revisions from both members and guests were input, using track changes. Comments and suggestions not framed as a specific edit were included in the Master Comment document but not in the revised report (note: the Master Comment document includes edits/revisions as well as comments).</p> <p><u>Macro Changes</u></p> <ul style="list-style-type: none"> • Agency = CCB: This change was made by the Department to reflect the agency delivering case management services regardless of what it is called. Although it is currently a CCB this may not always be the case. <ul style="list-style-type: none"> ○ To avoid confusion, Claire will add a footnote to the report explaining this so that families and other entities more familiar with the current term CCB will understand. • Department = State or Division: There is not legal entity called the “state”. There is a legal entity called the Department of Health Care Policy and Financing (or other Departments). The Division does not have legal identity separate from the Department. So, using the term Department is a specific and precise reference. <ul style="list-style-type: none"> ○ This will also be footnoted. • Client = Individuals receiving services: This was suggested to reflect more person centered language. • Grandfathering = Exemption • Listening Logs: The Department recommended extracting the “hows” or comments that are more editorial in nature to a Listening Log (Logs). The Department uses Logs to compile each and every comment received during the public comment period. Rather than lose the comments already made by both members and guests, these will be the first entries in the Log for the report. <p><u>Graphics</u></p> <ul style="list-style-type: none"> • Only wording changes were discussed, including the addition of self-directed 	<ul style="list-style-type: none"> • Claire will meet with Brittani to make final changes to the graphics • To avoid confusion, Claire will add a footnote to the report explaining CCB = agency and the use of the term Department rather than Division so that families and other entities more familiar with the current terminology will understand.

	<p>services to any box where direct service providers are also indicated.</p> <ul style="list-style-type: none"> • Claire will meet with Brittani to make final changes to the graphics <p><u>Specific Revisions</u></p> <ul style="list-style-type: none"> • Claire had numbered the changes in order of important to ensure that all major issues were addressed by the Group. As such, the Group went through the report twice – first to cover the bigger suggestions and second to cover all remaining suggestions. All changes agreed upon are reflected in the revised report. <p><u>Voting</u></p> <ul style="list-style-type: none"> • Brittani and Lori reported that the Department would like the members of the Group to vote on each recommendation. The options are <i>support</i>, <i>oppose</i>, or <i>abstain</i>. • The Group expressed concern that this ran directly counter to the process they had agreed upon early in their work and that was currently documented in the report. • On top of the new options the Department presented, there was a strong feeling that the Department was co-opting the Group and changing the rules at the last minute. • Ultimately, all members in attendance agreed unanimously (100%) not to vote. 	
VI. Guest Input	<ul style="list-style-type: none"> • Steve Hemelstrand, participating by phone, noted that he has been impressed by the commitment of this group and the ability of everyone to represent their stakeholders and yet still work together. He also noted that the tenor of the group changed significantly during today’s meeting. He felt this was because of the significant number of last minute and unsolicited changes from the Department and that this was unfortunate. He echoed the comments of several members of the Group that having suggestions from unnamed persons within the Department who had not participated in the previous meetings was not respectful to the process the Group had engaged in for eight months. • No other guest comments. 	
VII. Next Steps	<ul style="list-style-type: none"> • Provide comments to Claire by October 24 on the Background section and the Implementation Considerations section. Both of these were changed by the Department without sufficient time in advance of today’s meeting for adequate review • Claire will prepare another draft and submit to the Department by October 31. The Department will review and then distribute back to the Task Group for comment. Complete internal review will occur after this round of review. Once all internal 	<ul style="list-style-type: none"> • Provide comments to Claire by October 24 on the Background section and the Implementation Considerations section. • Brittani will let the Group know what kind

	review is complete the report will be released for public comment.	of timing to expect post October 31.
VIII. Future Meetings	<ul style="list-style-type: none">• None. Thank you to everyone for their dedication and commitment to this process.	