

Conflict-Free Case Management Task Group  
 March 18, 2014  
 2:30 p.m. – 4:30 p.m.  
 The OMNI Institute  
 899 Logan Street Denver, CO

<b>Date: March 18, 2014</b>			
<b>Task Group Members Present:</b>		<b>State Staff Present:</b>	
Amy Ibarra – Horizons		Barb Ramsey – DDD	
Amy Taylor – Parker Personal Care Homes		Brittani Trujillo – DDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DDD	
Bob Ward – Parent/Developmental Pathways		Tiffani Rathbun – HCPF	
Danny Villalobos – Self-Advocate			
David Ervin – The Resource Exchange*		<b>Facilitator:</b>	
Edward Arnold – Parent		Claire Brockbank	
Joe Manee – Self-Advocate			
Leslie Rothman – IMAGINE!		<b>Guests:</b>	
Linda Medina – Envision		Ellen Jensby – The Alliance	
Maureen Welch – Parent			
Paul Spragg – Developmental Disabilities Consultants, PC			
Rob Hernandez – Provider			
Tom Turner – Community Options			
*Attending by Conference Call			

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> <li>• Clarify meeting rules</li> <li>• Establish time frames and accountability guidelines for Task Group meeting preparation material and post-meeting documentation</li> <li>• Discuss end product</li> <li>• Present information on Targeted Case Management, Administrative Case Management, and Waiver Case Management</li> </ul>	
Meeting Rules	<ul style="list-style-type: none"> <li>• One person talking at a time</li> </ul>	<ul style="list-style-type: none"> <li>• Brittani will look into more</li> </ul>

	<ul style="list-style-type: none"> <li>• Respect for all opinions</li> <li>• Deliver opinions in a respectful manner</li> <li>• Don't repeat items/topics already covered</li> <li>• Decision making by a majority and reference minority</li> <li>• Stay on topic</li> <li>• This is a safe place</li> <li>• Guests are provided an opportunity to talk at the end of each meeting</li> <li>• Before moving on to the next section of the agenda, provide an opportunity for telephone participants to speak</li> </ul>	microphones to facilitate call-in participation
I. Introductions	<ul style="list-style-type: none"> <li>• Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves.</li> <li>• Barb Ramsey introduced Claire Brockbank from Segue Consulting. She will facilitate the Task Group until its conclusion.</li> </ul>	
II. 2-19 Meeting Summary	<ul style="list-style-type: none"> <li>• Brittani reviewed the February 19, 2014 Meeting Summary. It was distributed electronically on March 18, 2014. A request was made for more detail which Claire will provide, although not to the level of a transcript.</li> </ul>	
III. Administrative Preferences	<ul style="list-style-type: none"> <li>• The group reviewed a draft table developed by Claire. Due to concerns that proposed agendas should be available in sufficient time before the meetings to all Task Group participants to inform their stakeholders, time frames will be adjusted with a goal of having an agenda 10 business days before the meeting.</li> <li>• The Division indicated that they do not need to "approve" documents. A review is required on their end to ensure good communication within the Division as well as consistency across the many work groups and efforts in place. As such, the Division will receive draft agendas, meeting summaries etc. at the same time as the rest of the Task Group. All revisions, proposals will come to Claire who will create final documents.</li> <li>• Suggested changes to Meeting Summaries should be proposed via email. If necessary, a discussion will be added to the agenda of the following meeting. Otherwise, a revised electronic copy, noting changes, will be distributed to all members and staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Claire to revise Timeframes (attached)</li> </ul>
IV. Task Group End Product	<ul style="list-style-type: none"> <li>• Claire opened up the discussion regarding the Task Group's final product by asking Division staff to clarify whether the group was <u>convened to address a specific issue of state or federal noncompliance that <u>must</u> be addressed</u> or whether it was a strategic consideration.</li> </ul>	<ul style="list-style-type: none"> <li>• Brittani will send out a meeting Doodle exploring ways to add an hour to our existing meetings. <ul style="list-style-type: none"> <li>○ Half hour before/after</li> </ul> </li> </ul>

The former might entail more formal parameters to address.

- Barb indicated it is a mix of both: issues of compliance around conflict of interest that have been raised by the federal Centers for Medicare and Medicaid Services (CMS) and the Division and HCPF are actively embracing a shift toward more choice and a person-centered system.

Historic Context

- 2004: CMS identified that Colorado’s system ran counter to its emphasis on the principle that people have choice. Colorado’s system, by statute, designates the CCB as an integrated single entry point, case manager, and provider of services. CMS recognized that Colorado’s system had been thoughtfully created and would require statutory change and supports the state to proceed deliberately.
- 2007: The University of Southern Maine did an analysis and identified several issues, many of which the Division addressed in ongoing efforts to improve its program.
- 2009: The State Auditor identified issues.
- 2010: The Conflict of Interest Task Group made recommendations.
- 2012: The Governor created the Office of Community Living and the Community Living Advisory Group (CLAG) was convened and charged with recommending changes to the Long-term Services and Supports (LTSS) delivery system. The CLAG’s final report is due September 2014.

CFCM Task Group

- With the efforts underway to redesign the state system it is an opportune time to also address conflict-free case management.
- The charge of this Task Group is to make recommendations for a case management model(s) that is integrated, person-centered, transparent, and offers free choice of case management.
- Move ~~from an agency based structure~~ to a person-centered, conflict-free case management structure.
- The Task Group will not focus on the finer points of implementation, funding, eligibility, and will not get into details of conflict of interest.

Discussion Regarding End Product

- There was concern that if the July meeting is focused primarily on reviewing/fine-tuning the report, the Group really only has three meetings to do its work (April-May-June).
- There was discussion about working beyond July but the opportunity

- Hour before
- Hour after
- Brittani will also schedule one additional meeting that we will use if necessary.

	<p>to have the CLAG consider the Group’s recommendations requires completion no later than July.</p> <ul style="list-style-type: none"> <li>○ Plan for recommendations to go to CLAG subcommittee and, if approved by subcommittee, then to the CLAG.</li> <li>○ The CLAG wants to complete a first draft of its report by July so that it can refine it during August and September.</li> </ul> <ul style="list-style-type: none"> <li>● Barb reminded the Group that its task is to recommend the “what” of changes not the “how” and that it is NOT tasked with redefining case management.</li> </ul>	
V. Case Management	<p><u>Targeted Case Management (TCM)</u></p> <ul style="list-style-type: none"> <li>● <u>TCM is part of the State Plan Amendment (SPA) and is only applicable to the three waivers overseen by the Division for Developmental Disabilities (DDD).</u></li> <li>● <u>TCM is the primary form of case management performed by the CCBs.</u></li> <li>● Four components of TCM: <ol style="list-style-type: none"> <li>1. Assessment and periodic reassessment to determine an individual’s need for medical, educational, social or other services.</li> <li>2. Service Plan development and periodic revision based on needs identified in the Assessment.</li> <li>3. Referral and related activities to help a client obtain needed services.</li> <li>4. Monitoring and follow up to ensure the Service Plan is implemented and adequately meets the individual’s needs.</li> </ol> </li> <li>● Assessment is not eligibility determination. Its purpose is to identify the support needs to function in the community. While there is not a standardized assessment template, it typically includes interviews with the person, other people involved with the person, and use of tools such as the Supports Intensity Scale and medical records.</li> <li>● The Case Manager coordinates multiple individual assessments covering needs such as residential, vocational, behavioral etc. As such, multiple people may be involved in assembling the component parts of the overall assessment.</li> </ul> <p><u>Administrative Case Management (ACM)</u></p> <ul style="list-style-type: none"> <li>● <u>Administrative Case Management is broader than TCM and is the primary form of case management -performed by the Single Entry Points (SEPs) for non-DDD waivers. CCBs also do some ACM.</u></li> </ul>	<ul style="list-style-type: none"> <li>● Brittani will distribute reference material covering TCM in more detail by Friday March 21, 2014.</li> <li>● Barb will provide a written summary of Administrative Case Management by the end of this week (March 21).</li> <li>● Rob Hernandez will reach out to Kansas to gather background material to share with the Group. <ul style="list-style-type: none"> <li>○ Rob will use the Kansas to create a template for comparing models.</li> <li>○ Rob will send his proposed template to Division staff for feedback.</li> <li>○ Template will ultimately be shared with the group.</li> </ul> </li> <li>● Rob will follow up with his contacts at National Conference of State Legislatures (NCSL) regarding other state activity.</li> <li>● Barb requested assistance from Group to conduct research.</li> </ul>

Waiver Case Management

- This refers to case management requirements established by federal agencies. The four components identified for TCM are the same; the differences relate primarily to how it is paid and the target population. These waivers are typically for a specific sub-segment of the population (e.g. Children’s Home and Community based Services waiver).

Discussion

- Although case management may be optional under CMS regulations, the Division clarified that if an individual declines TCM, the State would still be required to do an assessment and create a Service Plan (components 1 and 2). In this case the person would then coordinate their own Service Plan implementation, referrals etc. The State would also complete an annual Continued State Review for this individual. This is essentially annual redetermination of eligibility, planning, and reassessment.
- The assessment can vary based on the tools and entities available for input but all have common criterion that must be assessed. The State’s QI process oversees these assessments to ensure consistency.
- While different entities doing assessment vary, typically the final case manager compiling the components of the assessment is the person responsible for the ongoing monitoring of the Service Plan.
- CMS requires monitoring on an annual basis with the frequency determined by the state.
  - Face-to-face monitoring for HCBS-DD: 1x per quarter
  - Face-to-face monitoring for HCBS-SLS: 1x per quarter
  - Face-to-face monitoring for HCBS-CES: 1x per quarter
- Monitoring may be done more frequently than the State’s requirements but not less frequently.
- Rob Hernandez introduced the Kansas model which permits CM to be done by independent contractors.
- Other members of the Group requested information regarding other potential models.
- An important qualifier for reviewing other state models is to understand the context under which the model was created.

Options for Consideration	<ul style="list-style-type: none"> <li>• Provide individuals with a choice of agencies to provide CM.</li> <li>• Provide individuals with the option to work with any agency as well as outside entities for provide CM. Kansas is providing individuals the option to work with independent contractors for CM.</li> <li>• Provide individuals with options for self-directed CM.</li> <li>• <a href="#"><u>For any option, consider economies of scale and the model's viability in sparsely populated areas.</u></a></li> </ul>	
VI. Future Meetings	<ul style="list-style-type: none"> <li>• April 15, 2014: 2:30 – 4:30 (time expansion TBD)</li> <li>• May 20, 2014: 2:30 – 4:30 (time expansion TBD)</li> <li>• June 17, 2014: 2:30 – 4:30 (time expansion TBD)</li> <li>• July 15, 2014: 2:30 – 4:30 (time expansion TBD)</li> </ul>	