

Conflict-Free Case Management Task Group
 May 20, 2014
 1:30 p.m. – 4:30 p.m.
 Health Care Policy & Finance Department
 303 E. 17th Ave Street Denver, CO 80203, Conference Room 7D

Date: May 20, 2014			
Task Group Members Present:		State Staff Present:	
Amy Ibarra – Horizons		Adam Tucker – DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Brittani Trujillo – DIDD	
Bob Ward – Parent/Developmental Pathways		Lori Thompson – DIDD	
Danny Villalobos – Self-advocate		Tiffani Rathbun – LTSS	
Edward Arnold – Parent			
Hanni Raley – The ARC of Aurora		Facilitator:	
Joe Manee – Self-advocate		Claire Brockbank – Segue Consulting	
Kathy Hill – Goodwill Industries of Denver			
Linda Medina – Envision		Guests:	
Maureen Welch – Parent		Denver Fox, PADCO*	
Rob Hernandez – Provider		Donna Sedillo, caregiver	
Tom Turner – Community Options		Ellen Jensby – The Alliance	
		Shari Repinski – Rocky Mountain Human Services	
• Participated via conference call		Steve Hemstrand	
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Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	<ul style="list-style-type: none"> Review and discuss other state models for Conflict-Free Case Management Start to develop a list of options for consideration Discuss next steps and how to proceed for next month's meeting 	
Meeting Rules	<ul style="list-style-type: none"> The group agreed that extra copies of the agenda would be available at the meetings but that people should be responsible for accessing the documents on their own. However, if someone is not able to make a copy 	

	<p>of the meeting material, he/she should contact Claire or Brittani and a copy will be provided at the meeting.</p> <ul style="list-style-type: none"> • 	
I. Introductions and Administrative Tasks	<ul style="list-style-type: none"> • Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Meetings are being recorded and audio will be shared (mechanism to do so still being determined). • Maureen asked for more detailed notes and requested a separate person taking minutes, rather than the facilitator. • Brittani informed the group that Leslie Rothman is taking a leave from the group for the remaining meetings. We are not filling her role with another member from Imagine! This was a selection process so DIDD wants to honor that process. However, there will be an observer and guest from Imagine! • Brittani asked if there were any changes or concerns to the Meeting Summary from April 15, 2014. No changes requested. 	<ul style="list-style-type: none"> • Brittani to determine how best to share the audio recording of each meeting. • Claire and Brittani will discuss the feasibility of a separate note taker before the next meeting.
II. Update on Final HCBS Rule	<ul style="list-style-type: none"> • Brittani indicated that in response to an inquiry from a member of the task group regarding the choice of case management model, CMS responded to HCPF as follows: Good Afternoon, One member of your CFCM Task Group Committee shared with the CMS regional office a proposal to address the conflict of interest provision in the new rule. The request was for CMS to provide feedback before the next meeting on May 20th. The proposal shared is attached. <p>CMS has reviewed the proposal and wanted to provide its initial/informal feedback directly to the state. Based on our review, this proposal does not address the conflict of interest requirement within the new regulation. This proposal addresses choice for case management, but does not address the potential relationship of an individual provider or agency providing both case management and direct services when there are adequate providers in a service area regardless of choice.</p> <p>CMS has received some specific questions from Colorado on the new conflict of interest provision, which the region is seeking guidance</p>	

	<p>on. Please let me know if you have any additional questions or concerns.</p> <ul style="list-style-type: none"> • Brittani reminded the group that HCPF is bound by the recommendations of CMS and will make sure than any final recommendations are compliant. Tom clarified that he had not sent it to CMS. Maureen asked why we wouldn't want to send these to CMS on an ongoing basis to make sure we weren't going down the wrong path. One problem is that if we send a lot of individual models that the group has not necessarily agreed to support in any case, it can create a logjam and further delay our ability to get other clarifications from CMS • Brittani indicated that the CMS Region VIII Office is still working on the clarifications she requested after last month's meeting and a verbal discussion with CMS. Her request was sent on April 29 as follows: <ol style="list-style-type: none"> 1. Could CMS please provide additional guidance about what constitutes an interest in the HCBS provider? Some case management agencies have established separate legal entities for the provision of case management and the provision of HCBS. These entities are owned and/or controlled by the same umbrella agency. Does this constitute adequate separation between the entity and relationship between the two entities? 2. A task group member requested clarification from CMS on its definition of provider with respect to this section. Could CMS clarify whether the provider referenced in this section applies to the individual case manager charged with development of the person-centered plan, the entity enrolled with/contracted by the Medicaid agency to provide case management or develop the person-centered plan, or both. • The group discussed the need consider two models to accommodate rural areas where there is limited or no choice versus the more populated areas of the state 	<ul style="list-style-type: none"> • Claire will keep a master list of possible options and as the group moves toward identifying viable and attractive options, an item of discussion will be a consolidated approach to address open issues with CMS. • The task group agreed to specifically address how their chosen model(s) or recommendation(s) will work in rural areas of the state. As necessary, alternative options will be included
<p>III. Presentation and Discussion on Other State Models</p>	<ul style="list-style-type: none"> • Several members of the Task Group provided overviews of different state models. A recap of last month's Kansas model and the Choice of Case Management model was provided. All material presented can be found in the template distributed in advance and included as an attachment with this meeting summary. • With the exception of the Kansas model, all material presented are from programs operating under the old waivers. 	<ul style="list-style-type: none"> • Members of the Task Group will follow up on the questions raised regarding the state models they presented. • A deadline was not established in order to give members of the group time to assess work load

	<ul style="list-style-type: none"> • Several follow up questions were identified and are itemized in the detailed table at the end of the meeting summary. 	<p>and feasibility. Claire will follow up in advance of preparing meeting material for the June 23 meeting.</p>
<p>IV. Conflict Free Case Management in Colorado</p>	<ul style="list-style-type: none"> • During the course of learning about other state models a number of features were discussed and issues raised. Many related to questions of scope (e.g. incident reporting and monitoring). • Others related to work process (e.g. let's make sure to check with advocates and parents regarding their views of any feature we use that has been in place in another state). • As the discussion and list of other areas to consider expanded, Hanni asked if the group was still focusing only on 1) service planning, 2) provider selection, and 3) monitoring services. Brittani indicated that she believes those are still the core targeted case management functions which the group was tasked with addressing. She indicated there are separate groups looking at payment and 3rd party eligibility. • A question was raised about the removal of CDASS from waiver language in Colorado. Department staff clarified that CMS instructed it to be removed from the DDD waiver. HCPF was having issues with financial sustainability of CDASS at the time. The intent is to implement self-direction into all services in waiver redesign. July 1 2015 consumer direction will be incorporated into the SLS waiver. • The group reiterated its concern about timing; Brittani reminded the group that it was one of the clarifications requested of CMS. Lori indicated that they have until March 2015 to develop a Compliance Implementation Plan. CMS typically allows an Implementation Plan to give states up to five years to achieve full compliance. However, CMS has not addressed this specifically with respect to this issue yet. • A set of 5 options/characteristics and issues was developed for the Task Group to consider as it develops its recommendations, including: <ol style="list-style-type: none"> 1. Independent CM completely separated from direct service provision 2. Choice of independent CM <u>as well as</u> option to receive CM from the service agency 3. An independent CM agent develops the plan <u>and</u> monitors the plan 4. An independent CM agent develops the plan and a separate entity 	

	<p>monitors the plan</p> <p>5. State as the provider of CM</p> <ul style="list-style-type: none"> • A list of issues was also developed. The complete table is attached at the end of the meeting summary. 	
V. Other Issues	<ul style="list-style-type: none"> • Maureen asked why there are there so many different groups looking at separate parts and does that need to be revisited? • Lori responded that the task groups were created before the final rule and so did not anticipate the degree of change it would precipitate. It is not the department's intent to shut out any participant or any voices but there are so many initiatives under way right now. • Maureen indicated that it is very difficult for parents and unpaid volunteers to keep track of all the work groups. It is not even possible to find this information on the state's website. • The group discussed its decision to have guests provide input at the end of the meeting. On the one hand waiting until the end means comments and input are not provided at the most relevant time. On the other hand, guests are not members of the Task Group and input during the meeting can be disruptive. The group appeared to be divided so Claire will develop a mechanism for individual members to provide their input on this issue. 	<ul style="list-style-type: none"> • Lori will speak with the Community Liaison to identify ways to consolidate information regarding all the different advisory committees and work groups on the website. • Claire will send out a simple online survey allowing people to weigh in on their preferences regarding guest input.
VI. Guest Input	<ul style="list-style-type: none"> • Shari Repinski, Rocky Mountain Human Services, identified the actual state waivers as a resource for participants to use as they research state models. • Ellen Jensby, Alliance, posed two questions regarding WI and VT: <ul style="list-style-type: none"> ○ WI: Family or friend must be licensed? ○ VT: Licensure or affiliation requirements for family members? 	<ul style="list-style-type: none"> • Hanni will include Ellen's questions as part of her state follow up research.
VII. Next Steps	<ul style="list-style-type: none"> • The group reviewed the five options developed during the meeting (see below), as well as the list of other issues and policy considerations. • Claire will develop a survey or tool that allows task group members to express their views on the options and issues. • The next meeting will focus on the outstanding follow up items, including the anticipated response from CMS, as well as the results of the survey regarding the initial inclinations of the group. 	<ul style="list-style-type: none"> • Claire and Brittani will develop a brief survey capturing the options and issues • Members of the group will respond to the survey
VIII. Adjourn/Future Meetings	<ul style="list-style-type: none"> • June 23, 2014: 1:30 – 4:30 • July 10, 2014: 1:30 – 4:30 • July 15, 2014: 1:30 – 4:30 	

Attachments

- Innovative Models and Best Practices in Case Management
- State Model Grid

Areas for Follow Up and Additional Information

Person	State	Information Requested
Rob	KS	Find out more about the oversight process, including whether the affiliated agency provides any services.
Hanni	NJ	Determine who the Support Coordinator and the Monitor work for.
Hanni	MD	Determine what the individuals not in the self-determination model receive.
Hanni	VT	Determine who does the actual CM and how it fits into the four menu options. She will also find out of choosing “family managed” is akin to opting out of CM. Do they require any licensure or affiliation for family members?
Hanni	WI	For the family program: does the family or friend have to be licensed?
Linda	NM	Learn more about options for opting out of CM and satisfaction
Amy Taylor	IA	Clarify if the IHH would be like a RCCO? Clarify what else an IHH does?
Ed	CA	Learn whether the regional centers are state employees and whether the state is still issuing IOUs for payment.

Issues to consider as a component of any model considered	
	Opt-out provisions
	Family as provider of case management
	Rural accommodations (if needed)
	Choice as a fundamental component
	Monitoring of case management
	Family and advocate satisfaction if comparable implemented models can be found
Other Policy Considerations that may or may not need to be addressed by this task group	

	Wait list
	Administrative case management functions
	Service provider monitoring (HRC, IR, Investigations)
	Provider selection process (including RFP opt-out)
Success Factors, but not the immediate purview of this group	
	Pay levels for CM to minimize turn-over and instability in the system
	Ongoing participant satisfaction