Conflict-Free Case Management Task Group

June 23, 2014
1:30 p.m. – 4:30 p.m.
Health Care Policy & Finance Department
303 E. 17th Ave Street Denver, CO 80203, Conference Room 7A

Date: June 23, 2014			
Task Group Members Participating:		**State Staff Present:**	
Amy Ibarra – Horizons		Adam Tucker – DIDD	
Amy Taylor – Parker		Brittani Trujillo – DIDD	
Beverly Winters – Developmental Disabilities Resource Center		Lori Thompson – DIDD	
Bob Ward – Parent/Developmental Pathways			
Danny Villalobos – Self-advocate			
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		Christine Koa, Caregiver	
Rob Hernandez – Provider		Ellen Jensby – The Alliance	
Tom Turner – Community Options		Kendra Kettler – Self-Advocate	

Agenda Item	Status/Decisions Made	Assignments/Commitments
Goals for Today's Meeting	• Receive update on CMS clarifications and discuss timing of future work • Review and discuss survey results regarding options for recommendations • Review and discuss other state models for Conflict-Free Case Management • Discuss next steps and how to proceed for August meetings	
I. Introductions and Administrative Tasks	• Brittani Trujillo welcomed all attendees in person and on the phone. All introduced themselves. • Meetings are being recorded and audio will be shared via Drop Box. • Because of the detailed audio record, a high level Meeting Summary will be	• Maureen Welch forwarded the name of the guest who participated by phone during the May meeting

	produced documenting decisions made and assignments or next steps agreed upon. • Input from guests will come at the end of the meeting • Brittani asked if there were any changes or concerns to the Meeting Summary from May 20, 2014. No changes requested.	(Steve Hemestrand). Claire added his name to the Meeting Summary and sent the updated Summary to Brittani.
II. Update on Final HCBS Rule	Brittani distributed a document entitled HCBS Rule Clarifications. This provided the question and date submitted to CMS, as well as the content and date of CMS response. • CMS request, sent on April 29; CMS response received on May 21: 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? *A. No. If separate entities are connected such as owned by the same umbrella agency, share board members or supervisors, or have a financial relationship, then this would be considered problematic related to the conflict of interest provision in the new rule. There is an exception in the new rule when there are not enough providers, but the State would need to justify to CMS to invoke that exception in the rule.* 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? *A. The new rule includes both.* **NOTE: New Information Added** • Brittani provided the following additional question and CMS response because of its relevance to the timing discussion. 3. The Division understands the compliance and transition provisions contained within the new rule apply only to the home and community based setting requirements. Does CMS have similar implementation timelines or expectations that would allow for a state's transition to a person-centered	• Brittani will assemble a list of states that are in the same position as CO, as well as a list of states that are already in compliance. She will try to have this by July 10. • Staff will use BIP as a reference point for assessing our models for CFCM. • We will look at BIP states and how they have done CM. • Next Steps: Because the magnitude of our task has grown and we have some significant follow up homework to do, DIDD will use July to provide more substantive research and reconvene the Task Group in August. Meetings will go through October.

	planning process that is in compliance with the new conflict of interest standards detailed in this section? A. *There currently is not a transition plan or extended timeline to come into compliance with the person-centered planning requirements effective March 17, 2014. It is the expectation that the State come into compliance as soon as possible.* Discussion Highlights: • The new rule implies that a CCB can either do direct services or case management. If it currently does both, divestment would be required. • Exception for rural areas would have to be defined by the state, approved by CMS and applied consistently. • Timing: o State will submit their waiver amendment by January 2016, to allow sufficient time for July 2016 implementation. This is being driven by DIDD. The state has not set a deadline for implementing CFCM; it is already in arrears of the March 17, 2014 date set by CMS. o The current waiver renewal was submitted to CMS and did not include CFCM because at the time of submission the final rule was not released. o Although this change has been foreshadowed for years, the timeframe was never established until the final CMS rule this year. • Concern expressed about the conflicting impact of meeting both of CMS' goals – eliminating waiting lists and system redesign. o Colorado is currently bringing on a lot of new enrollments which is requiring additional staffing by the CCBs. Simultaneously planning on divesting services creates significant operating challenges. o CMS has had different priorities – person-centeredness, choice, different models. At one time CFCM seemed out of vogue because of the difficulty of truly achieving it. o Concern for families having to make so many changes so quickly. There appear to be exceptions – such as KY which allow families to maintain established relationships with CM. • Balancing Incentives Program: CO was not eligible to participate in BIP but there are components that specifically address CFCM. We will use BIP clarifications to assess our models.	• Brittani will send out a meeting Doodle for August, September, October meetings.

| III. Survey Results | Claire distributed a spreadsheet with the survey results in advance of the meeting (attached). Before reviewing the results, she presented her perception of what each Option was and the group discussed and came to the following definitional conclusions:
• Option 1: Whatever entity does CM is entirely independent of entities providing services. This can mean a new independent CM entity or a CCB that has divested itself of service delivery.
• Option 2: There are two ways a person can receive CM: from an entirely independent entity or from a CCB that has not divested itself of service delivery.
• Option 3: The CM entity creates the plan and also monitors the plan (e.g. Amy the CM creates the plan for Joe and Amy the CM monitors implementation of the direct services provisions).
• Option 4: One CM entity creates the plan and a different CM entity monitors the plan (e.g. Amy the CM creates the plan for Joe and Ed, a different CM, monitors implementation of the direct services provisions).
• Option 5: The state provides CM. The group decided that this was more of a way to handle exceptions and perhaps a form of oversight. As a result, the group opted to move Option 5 to the Features components of the models (along with Opt-Out, Family CM, Rural)
Discussion of Survey Results: Options
• Option 1: Little discussion, group seemed comfortable that this option is the most clear cut interpretation of the CMS rule.
• Option 2: Several members of the group felt that if this option is eliminated than the Task Group will have removed the ability for a person to exercise fully informed choice and waive out of the conflict. To opt for the latter there would have to be strong safeguards in place to ensure that the individual is fully aware of the potential for conflicts but chooses to exercise the right to choose anyway. These safeguards are particularly important for at risk populations.
• Option 3: The group stressed the importance of having an independent oversight function at the macro level regardless of whether Option 3 or 4 is endorsed.
• Option 4: This was perceived to be very complex in terms of many different entities being directly involved. However, having an independent entity monitor the CM could be critical if a person opted to stay with a direct-services provision CCM (Option 2) for his/her CM. An alternate view was that this potential for conflict is part of what the person must understand is at risk by waiving to stay | • Option 5 was moved to the Features components of the models.

• Option 2: In the context of a thoughtful package of questions regarding our objectives, craft a question to CMS that frames the thinking behind Option 2 and the intent behind it – reconciling CFCM, choice, and person-centeredness.

• Oversight function for CM needs to be considered, regardless of the option(s) recommended.

• Clarify with CMS what CM functions have to be done by the state's CM "entity" and what is considered optional. Also under what circumstances. This will clarify our "Opt-Out" options.

• Pursue clarification regarding the issues raised for Family CM.

• Determine if other states have been able to increase access by adding an |

	with a CCB.
	Claire then presented the survey results with respect to the three distinct features that will need to be considered in the context of the Option(s) recommended.
	• Opt-Out: Clarifying CMS regulations with respect to what a person can and cannot opt-out of was considered important. Members of the task group indicated that sometimes CM slows everything down or the family is in the position of teaching the CM. In general the group supported the idea of being able to opt-out of anything other than what CMS requires.
	• Family CM: Several questions arose around this feature, including:
	  ○ Does it mean paying the family for CM (payment to family members is currently limited to services)
	  ○ Are there training or qualification requirements (Lori indicated that for service provision the family has to meet the same qualifications as non-family providers)
	• Rural Exception: This was framed as an access issue because all but 17 of Colorado's counties are considered rural or frontier. The group asked about adding an incentive to provide service in a rural area. This might help address capacity issues. Lori indicated that she thinks CMS and the state are looking at the option to negotiate different rates for areas where access is an issue.
		incentive to provide CM services in a rural area.
		
		• Are there CMS restrictions on paying different rates in different areas?
		
		• Lori will determine if the state and/or CMS are looking at options to either negotiate a different payment level or institutionalize a payment differential for areas with access issues.

III. Update and Discussion on Other State Models	Members of the Task Group provided the information they found to respond to follow up questions regarding the states they researched.
	• Rob, KS: Find out more about the oversight process, including whether the affiliated agency provides any services
	  ○ CDDOs can only do service entry and referral, not CM or services. CMs have oversight from CDDO.
	• Hanni, NJ: Determine for whom the Support Coordinator and the Monitor work.
	  ○ Support Coordinators work for "Support Coordination Agencies" contracted with the Division
	• 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?
	  ○ All CMs must meet QDDP/QIDP criteria
	  ○ Family member can do CM duties, but it must be approved by QPs to	

	ensure it meets Medicaid guidelines. Family cannot be paid. o No licensure or affiliation needed- everything must be submitted through QP. • Hanni, WI: For the family program: does the family or friend have to be licensed? o Not a true family-run program. Interesting transition planning for post-high school (see attachment). • Linda, NM: Learn more about options for opting out of CM and satisfaction. o Couldn't find out more about opt out. Appeared that CM was different for different waivers. Did not see a firewall between CM and services. These are independent CM. • Amy T, IA: Clarify if the IHH would be like a RCCO? Clarify what else an IHH does? o IHH Integrated Health Home is a RCCO. IHH cannot do the service provision but not entirely independent, more state sponsored. Not choice. Region driven. • Ed, CA: Learn whether the regional centers are state employees and whether the state is still issuing IOUs for payment o Not state employees and no longer issuing IOUs.	
V. Other Issues	• Maureen asked that we consider pay as a critical issue to getting and retaining effective case managers. • In follow up to Maureen's previously stated concern about how difficult it is for parents and unpaid volunteers to keep track of all the work groups, Lori reported that the Division website is currently being merged into the HCPF website. The plan is to merge all the different work groups' recommendation around the CLAGG recommendations. Claire noted that this does not address the issue of knowing what the work groups are, what they are tasked with doing, and who is serving on them. Hanni indicated that there is a work group tracker that includes a contact, when the group meets, and their most recent progress. Lori will circulate that tracker to the Task Group.	• Lori will circulate the work group tracker to the Task Group.
VI. Guest Input	• None offered	
VII. Next Steps	• Brittani and staff will do the identified follow-up work during July.	
VIII. Adjourn/Future Meetings	• July 10 and July 15 meetings have been cancelled. Meetings will be scheduled in August, September, and October.	• Brittani will send out a meeting Doodle for August - October.

Attachments

- Survey Results
- Wisconsin Services
- New Jersey Services
- Vermont Services
- Kansas Information