

Conflict-Free Case Management Updates & Case Management Redesign

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Today's Agenda

- Conflict-Free Case Management Updates
 - Community Centered Boards
 - Single Entry Point Agencies
- Overview of Case Management
- Future of Case Management
- Case Management Redesign Discussion
- Next Steps
- Questions and Feedback



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Our Mission

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



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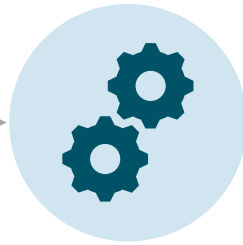
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ACCESS

*Streamline Access
to Services*



COORDINATE

*Improve Service
Coordination*



RECEIVE

*Increase Service
Options and Quality*

STREAMLINE ACCESS TO SERVICES



No Wrong Door (NWD)

New Functional Assessment Tool

Financial Eligibility Reform

Medicaid Buy-In Expansion

Waiting List(s) Elimination

CHRP - Cut Child Welfare Requirement

OPERATIONAL EXCELLENCE INITIATIVES

- Background Checks
- Conflict-Free Case Management
- Rate Setting
- COMMIT/Revalidation
- CCB Transparency

IMPROVE SERVICE COORDINATION



Person-Centered Support Planning Process

Colorado Choice Transitions (CCT)

Case Management Redesign

Intensive Case Management for Regional Center Transitions

CHRP CCB Case Management

- Electronic Visit Verification
- Mandatory Reporting
- CHRP Transfer
- eLTSS Record + Personal Health Record
- OCL Re-org

INCREASE SERVICE OPTIONS AND QUALITY



Self-Direction Tools

Person-Centered Budgets

Cross System Crisis Response

Regional Center Task Force

Community First Choice (State Plan Option)

Housing & Transportation
CDASS & IHSS Expansion

Employment First + WIOA

Waiver Redesign

GJRC Relocation
HCBS Settings Rule Compliance



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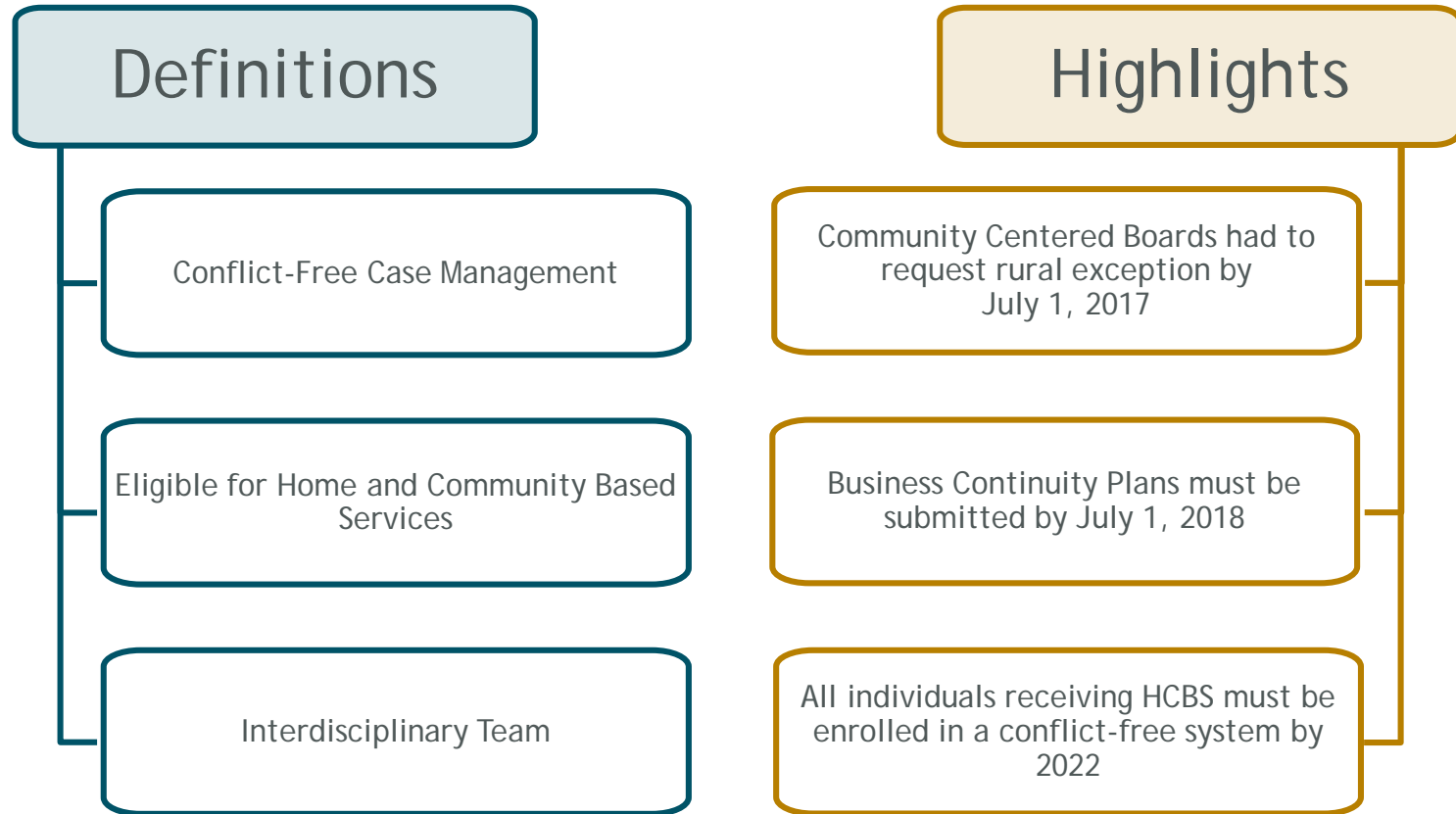
Conflict-Free Case Management



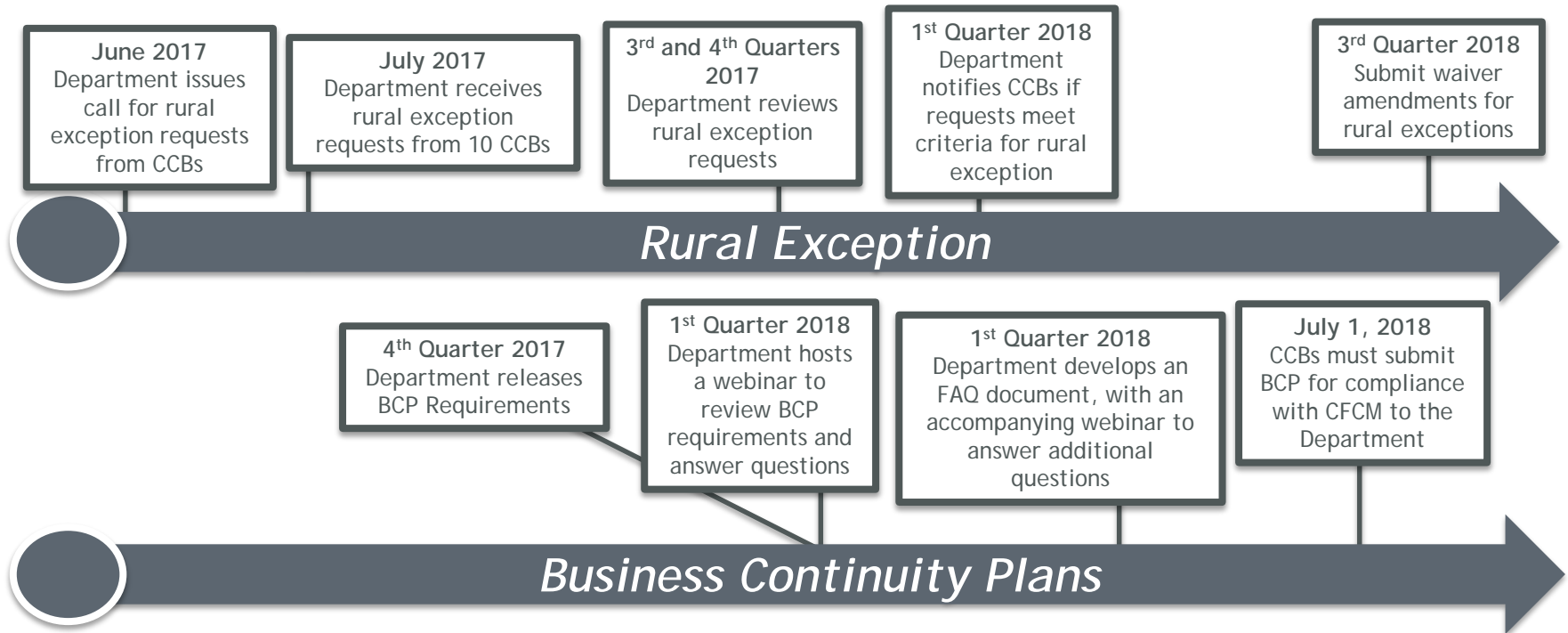
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Community Centered Boards: Conflict-Free Case Management



Community Centered Boards: Conflict-Free Case Management Timeline



Single Entry Point Agencies: House Bill 18-1288

- House Bill 18-1288
 - Goals of the bill
 - Status of the bill
- Agencies with Conflict
 - Rural Exceptions
 - Business Continuity Plans



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Overview of Case Management in Colorado



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Colorado's Current Case Management Structure

20

Community Centered Boards (CCBs)

All private, not-for-profit

24

Single Entry Points (SEPs)

3 private, 21 county-based

3

Waiver Case Management Agencies

3 Private Children's Home and Community-Based Services (CHCBS)

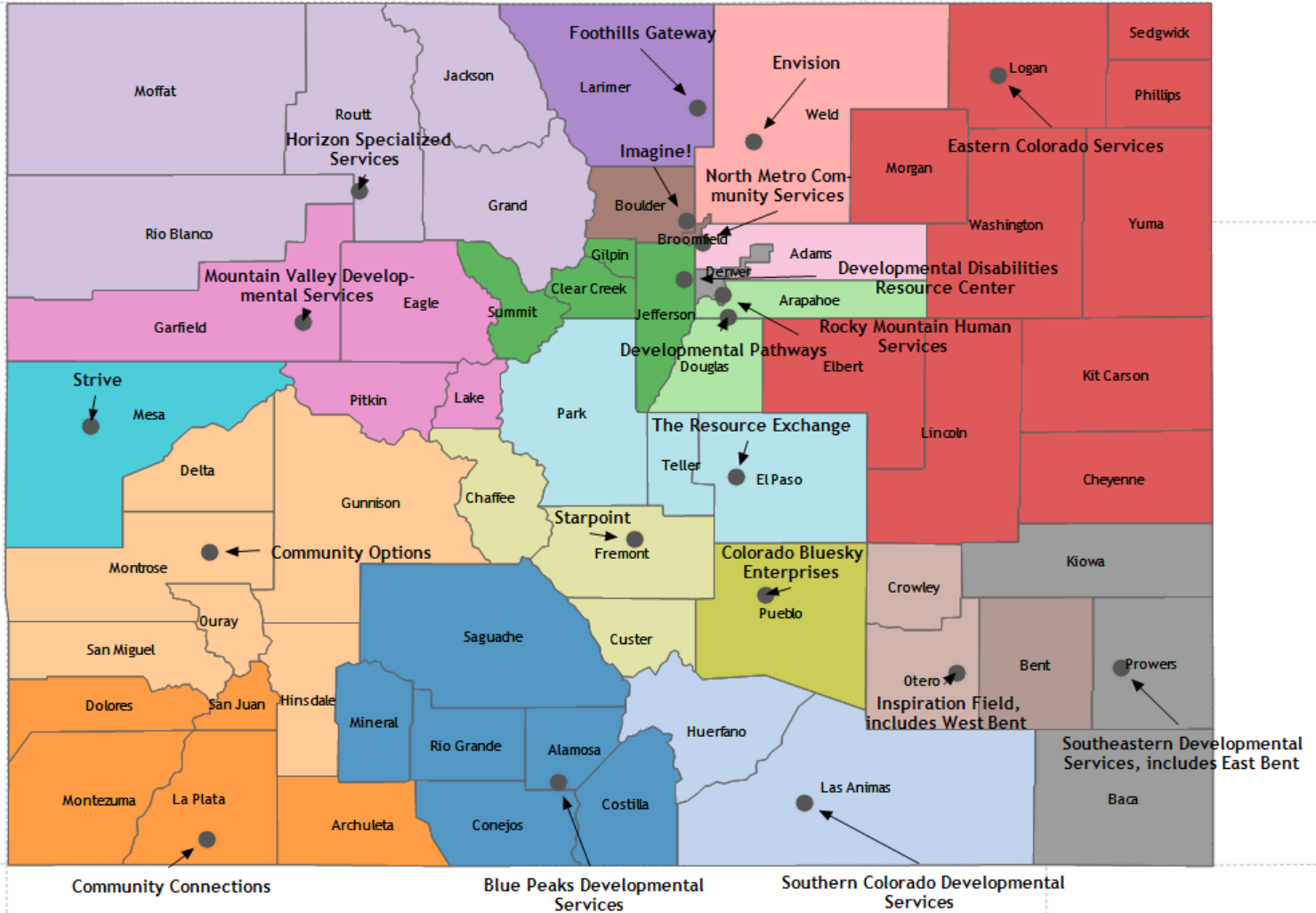


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Community Centered Boards

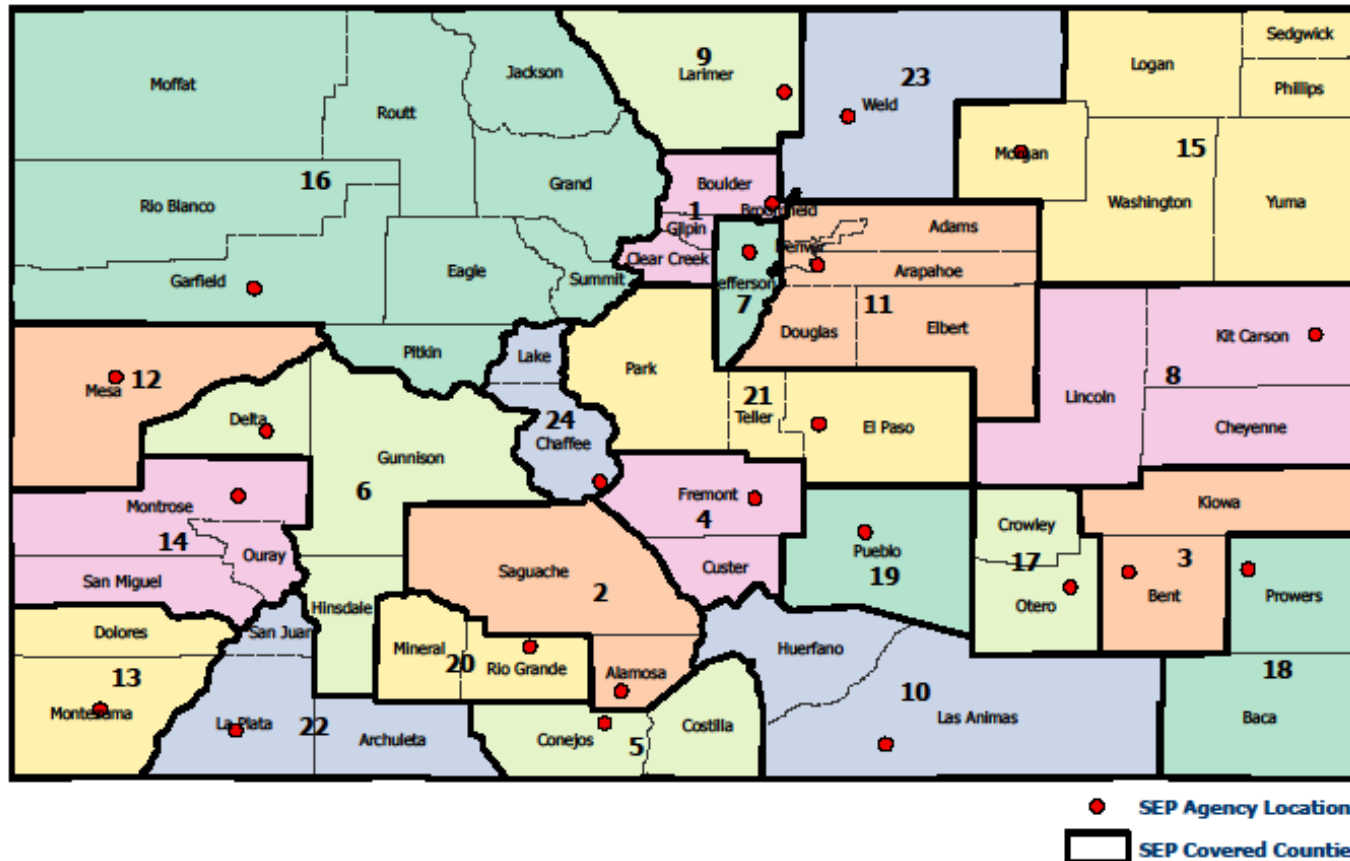


Prepared 3.23.15
Financial Analytics Unit





Single Entry Point (SEP) Agency Locations & Covered Counties

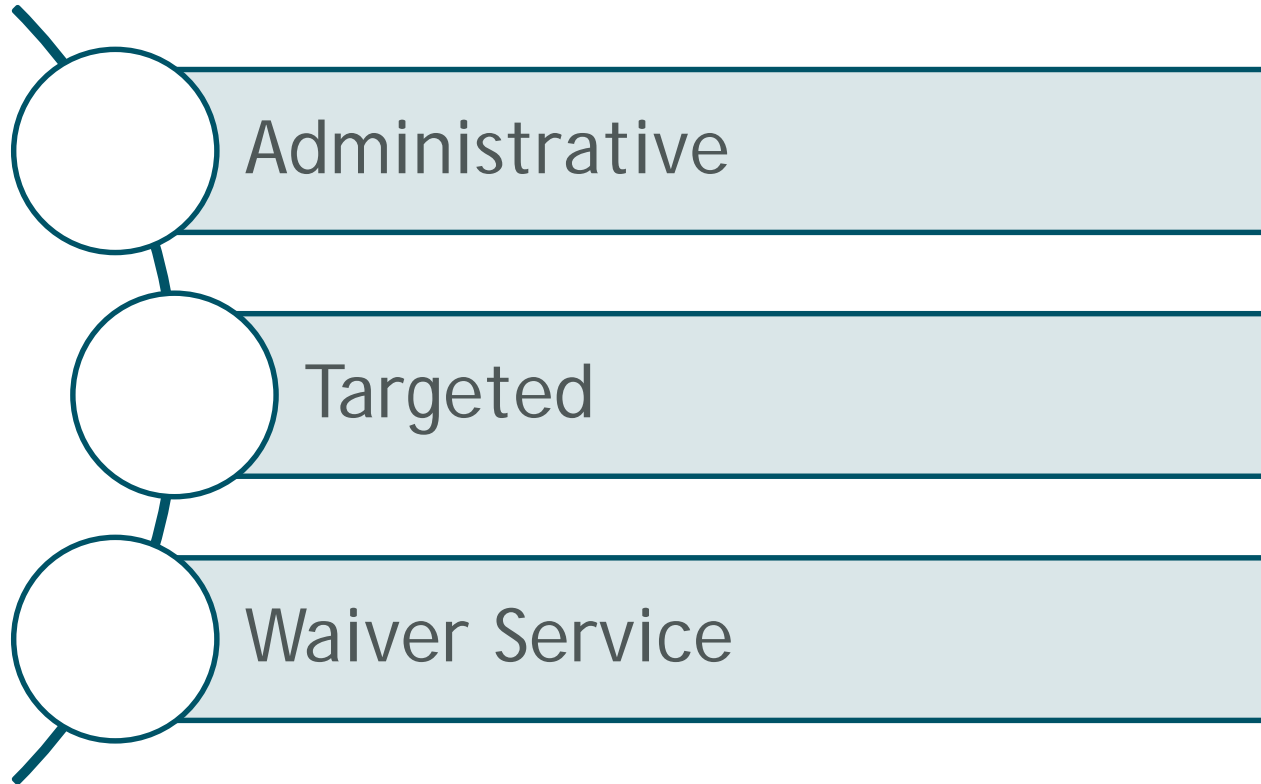


Single Entry Point (SEP) Agencies provide case management, care planning, and make referrals to other resources for clients with the following qualifying needs: elderly, blind and disabled, mental health, persons living with AIDS, brain injury, spinal cord injury, children with a life-limiting illness, and children with a physical disability.

Project Tracking #: 5051 Map Updated: 8/15/2016



Case Management Reimbursement



Colorado's Waivers and Case Management

Waiver	Case Management Type			Case Management Entity		
	Admin. Function	TCM	Waiver Service	CCB	SEP	Other*
Children's HCBS			X	X	X	X
Children with Autism	X			X		
Children's Extensive Support		X		X		
Children with Life Limiting Illness	X				X	
Brain Injury	X				X	
Community Mental Health Support	X				X	
Elderly, Blind and Disabled	X				X	
Spinal Cord Injury	X				X	
Supported Living Services		X		X		
Developmentally Disabled		X		X		



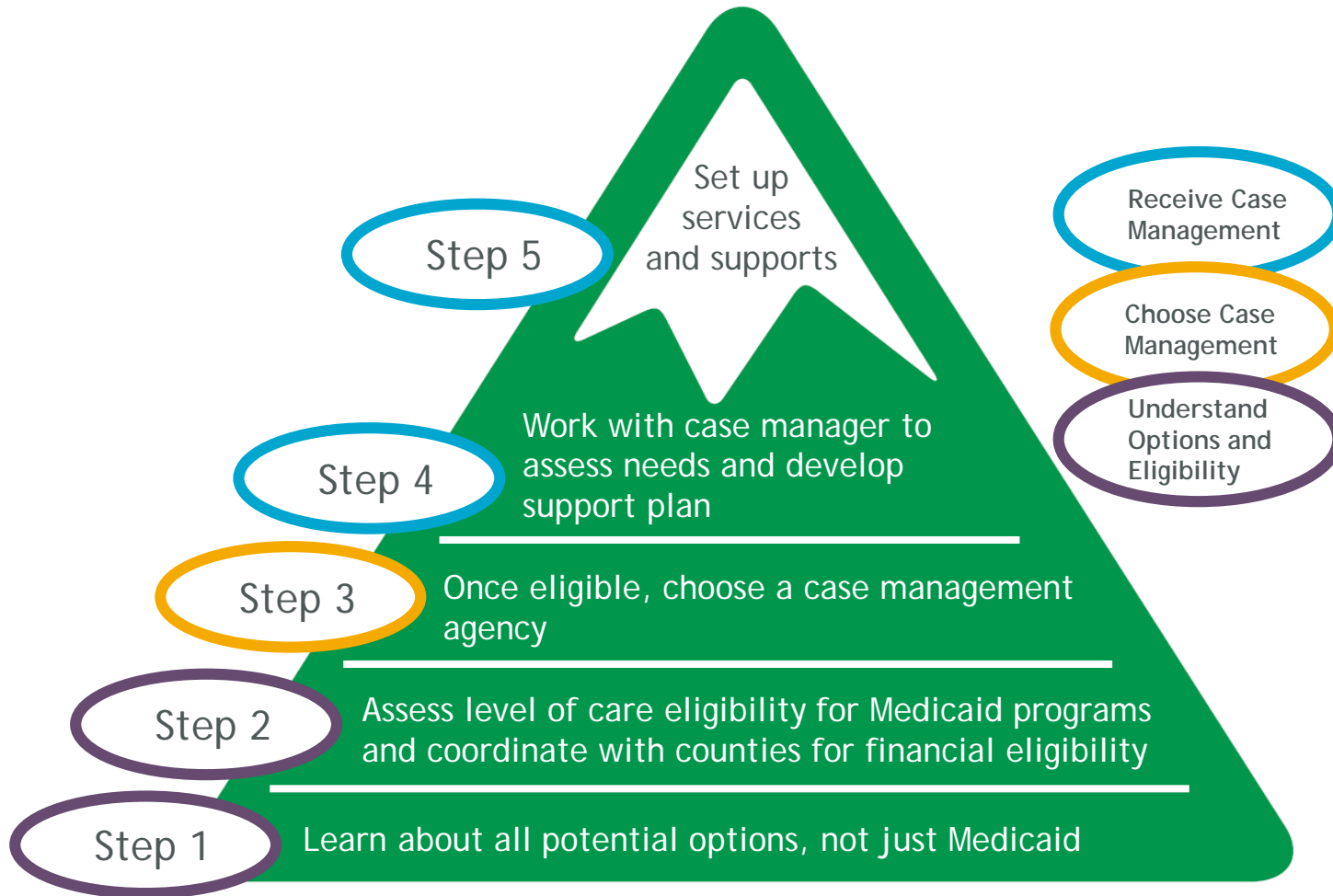
Case Management Redesign in Colorado



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Future of Case Management



Why Redesign Case Management?

- Provide more Person-Centered case management
- Aligns case management across waivers
- Tailor case management to individual needs and preferences
- Offer choice in Case Management Agency
- Increase quality of case management



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Case Management Redesign: Qualifications



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Case Management Agency and Case Manager Qualifications

- House Bill 17-1343 Requirement
- Aligns Qualifications Across All HCBS Waivers
- Process for Developing Qualifications
 - Contractor research and recommendations
 - Stakeholder outreach and feedback, November 2017
 - Revised qualifications and informal public comment February 2018
 - Revised based off informal public comment period
- Proposed Final Qualifications



Case Management Agency Qualifications

- Case management entities must provide services in accordance with State business operating hours/days
- Must have a physical location in Colorado and meet all required case management activities for the areas in which the agency serves
- All case management agencies in Colorado must be a public or private not for profit or for profit agency that meets all applicable state and federal requirements and is certified by the state department to provide case management services pursuant to CO Rev. Stat § 25.5-10-209.1 and §255-6-106. Case management agencies that are private not for profit must have certification from the State of Colorado or a letter from the Department of the Treasury, Internal Revenue Service classifying the agency as a private not for profit agency



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Case Management Agency Qualifications, cont.

- Demonstrate proof the agency has employed staff that meet case manager qualifications
- Meet the staffing patterns indicated within regulations
- Must provide case management to individuals who select the CMA and also reside in the county/counties for which the agency elected to provide case management
- Possess the administrative capacity to deliver services in accordance with state and federal requirements
- Have established community referral systems and demonstrate linkages and referral ability to make community referrals for services with other agencies
- Must document and maintain individual case records in accordance with state and federal requirements



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Case Management Agency Qualifications, cont.

- Demonstrate ability to meet all state and federal requirements governing the participation of providers in the state Medicaid program, including but not limited to the ability to meet state and federal requirements for documentation, billing and auditing
- Must have one month reserved financial capacity to maintain operations
- Must possess appropriate financial management capacity and systems to document and track services and costs in accordance with state and federal regulation. Must utilize the Department's prescribed system(s)
- Must demonstrate ongoing financial sustainability reserves that match one month of expenditures associated to the number of individuals expected through that catchment area and provide stability for case managers, clients and service providers. All agencies are required to submit an audited financial statement to the Department for review annually



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Case Management Agency Qualifications, cont.

- Must establish and maintain working relationships with community-based resources and organizations, hospitals, services providers and other organizations that assist in meeting the needs of clients
- Shall have a system for recruiting, hiring, evaluating and terminating employees. Case management agencies employment policies and practices shall comply with all federal and state laws
- Shall maintain current written job descriptions for all positions
- Shall maintain adequate liability insurance (including automobile insurance, professional liability insurance and general liability insurance) to meet the Department's minimum requirements for contract agencies
- Shall maintain a website with a minimum of contact info, hours of operation, resources, program options and services provided



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Case Manager Qualifications

- All HCBS case managers must be employed by an approved Case Management Agency
- Case Manager Educational experience:
 - Bachelor's degree in a human behavioral science or related field of study;OR
 - An individual who does not meet the minimum educational requirement may qualify as a case manager under the following conditions:
 - Experience working with LTSS population, in a private or public social services agency may substitute for the required education on a year for year basis.
 - When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.
 - The Case Management Agency shall request a waiver from the Department in the event that the case manager does not meet minimum educational requirements. A copy of this waiver/ memo stating Department approval will be kept in the case manager's personnel file that justifies the hiring of a case manager who does not meet the minimum educational requirements.



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Case Manager Qualifications, cont.

- **Case Manager Supervisor Educational experience:**
 - The Case Management agency's supervisor(s) and case manager(s) shall meet minimum standards for education and/or experience and shall be able to demonstrate competency in pertinent case management knowledge and skills.
- **Case Managers may not:**
 - Be related by blood or marriage to the individual receiving services
 - Be related by blood or marriage to any paid caregiver of the individual receiving services
 - Be financially responsible for the individual receiving services
 - Be the individual's legal guardian, authorized representative, or be empowered to make decisions on the individual's behalf through a Power of Attorney."
 - Be a provider for the individual receiving services, or have interest in or are employed by a provider for the same individual



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Case Manager Qualifications, cont.

- Case Managers must complete the following within 6 months of hire date:
 - Completion of Department approved case management training
 - All case management staff must receive training specific to the populations served
 - The case manager must demonstrate competency in all the following areas:
 - i. Application of a person-centered approach to planning and practice;
 - ii. Knowledge of and experience working with populations served by the case management agency;
 - iii. Interviewing and assessment skills;
 - iv. Knowledge of the policies and procedures regarding public assistance programs;
 - v. Ability to develop support plans and service agreements;
 - vi. Knowledge of long-term supports and services and other community resources; and
 - vii. Negotiation, Conflict Resolution, Intervention, Cultural and Linguistic Training and Interpersonal Communication Skills
 - Completion of Department approved Case Management Certification



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Case Manager Qualifications, cont.

- **Background Checks:**

- All case management staff must have the following minimal background checks and screenings:
 - Criminal checks
 - Child Abuse and Neglect Central Registry Checks
 - Medicaid Exclusion list
 - Sex Offender Registry
 - Adult Protective Services data system check
- Background checks must be repeated every three years
- Proof of these screenings must be maintained and made available for audits



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Case Management Redesign: Reimbursement



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Case Management Redesign: Reimbursement

Administrative Function

Advantages:

1. Allows for tying funding directly to budget appropriations
2. Flexibility for the State to make policy and staffing changes
3. Commonly used when CM is provided by state staff

Disadvantages:

1. CMAs are vulnerable to state budget cuts
2. Limited utilization data available
3. Limited assurance that funds are used for Medicaid CM purposes

Targeted Case Management

Advantages:

1. More accurate tracking of CM utilization and expenditures
2. Makes agencies less vulnerable to budget fluctuations
3. Allows for customized rates for each waiver population
4. Case management service may be available to waiver and non-waiver individuals
5. Level of care eligibility determinations may be paid as TCM

Disadvantages:

1. State has less control over expenditures
2. Places administrative burden on CM entities to bill services and track their time

Waiver Service

Advantages:

1. More accurate tracking of CM utilization and expenditures
2. Makes agencies less vulnerable to budget fluctuations
3. Allows for customized rates for each waiver population
4. Limits CM provision to waiver individuals
5. Provides potential eligibility pathway under CFC option

Disadvantages:

1. State has less control over expenditures
2. Places administrative burden on CM entities to bill services and track their time
3. No Wrong Door, choice counseling, intake and eligibility determinations cannot be paid as a waiver service. Alternative funding streams needed



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Next Steps



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What happens now?

- Department amends regulations for CMA and CM qualifications to include stakeholder input
- Department receives BCPs from CCBs and SEPs to begin review process
- Develop process for third-party entity for choice of CMA
- Determine best method for case management reimbursement
- Community Impact Survey
- Continued stakeholder partnership



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Feedback, Questions, Concerns?



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Thank You!



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