

Choice in Case Management and Service Providers

Case Management Redesign

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Our Mission

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

Engagement Purpose

1. Work with stakeholders to create processes for case management choice and refine process for service provider choice
2. Discuss process for transitioning to Conflict-Free Case Management for individuals

Agenda Overview

Background

Case Management Choice Process and Feedback

Provider Selection Process and Feedback

Transition to Conflict-Free Case Management for Individuals Discussion

Next Steps

Background

Received feedback that all individuals should be afforded choice

- Recommendations from CLAG
- Conflict-Free Case Management (CFCM) engagement
- HB 17-1343

NOTE: Today's discussion is only about IDD system, but will inform future work with other systems

New Process for Accessing Case Management and Services

Determine eligibility
(conducted by
Community
Centered Boards
(CCBs))

Choose Case
Management Agency
(CMA)

Develop service plan
with chosen CMA

Choose service
providers

Receive services

Case Management Choice

What is Case Management Choice?

- The ability to choose the agency responsible for:
 - Assessment of need
 - Service Plan development
 - Referral for services
 - Monitoring
- Does not include choice in the agency responsible for determining eligibility for programs

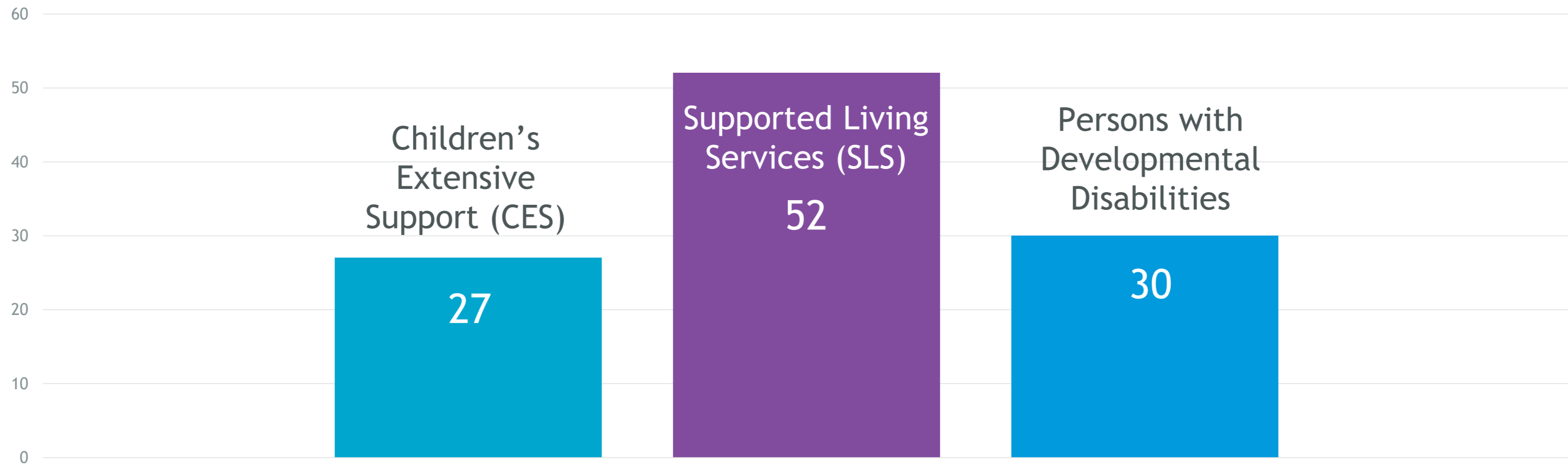
System Changes to Ensure Choice

- Case Management Agencies (CMAs) will enroll as a provider
 - CMA chooses the county(ies) the agency wishes to serve
- A third-party vendor will help facilitate choice for individuals
 - Ensures there is an outside party to help individuals have true choice
 - individuals will still be able to choose the CCB who conducted eligibility determination as their CMA if the CCB provides case management

Average Enrollment

On average, 110 people per month enrolled in one of the three IDD waivers in FY 2017-18

Average monthly enrollment, by Home and Community-Based Services (HCBS) waiver, FY 2017-18



What Could Choice Look Like?

Member does not know which CMA to choose

Upon eligibility approval, CCB contacts 3rd party entity with approved individual's information

3rd party has 2 business days to contact the individual to discuss process

- Provides options to the individual of CMAs who serve their county

3rd party entity informs selected CMA within 2 business days from the date individual selects a CMA

CMA has 2 business days to contact the individual

3rd party entity verifies the individual has been contacted by the CMA within 2 business days

- If the individual has not been contacted, the 3rd party will send another notification to the CMA

Member knows which CMA to choose and CMA is not part of CCB that determined eligibility

Upon eligibility approval, CCB notifies 3rd party entity that the individual would like a specific CMA to provide case management

3rd party entity notifies selected CMA within 2 business days and sends letter to the individual, including:

- Chosen CMA
- What choice means
- Contact info for questions/concerns

CMA has 2 business days to contact the individual

3rd party entity verifies the individual has been contacted by the CMA within 2 business days

- If the individual has not been contacted, the 3rd party will send another notification to the CMA

Member wants to choose CMA that is part of CCB that determined eligibility

CCB notifies 3rd party entity the individual would like to select CMA that is part of CCB

3rd party entity sends letter to the individual, including:

- Chosen CMA
- What choice means
- Contact info for questions/concerns

Things to consider:

- If the individual did not feel like they had choice, what should that process look like?
- How often can people change CMAs?
 - Should there be a specific time?
 - With an exception of a qualifying event
 - What would a qualifying event be?

What Do You Think?

What works?

What doesn't work?

What's missing?

Anything else?

Service Provider Choice

Current Provider Selection Process

Federal regulations require informed choice of providers for all Home and Community-Based Services (HCBS) waivers

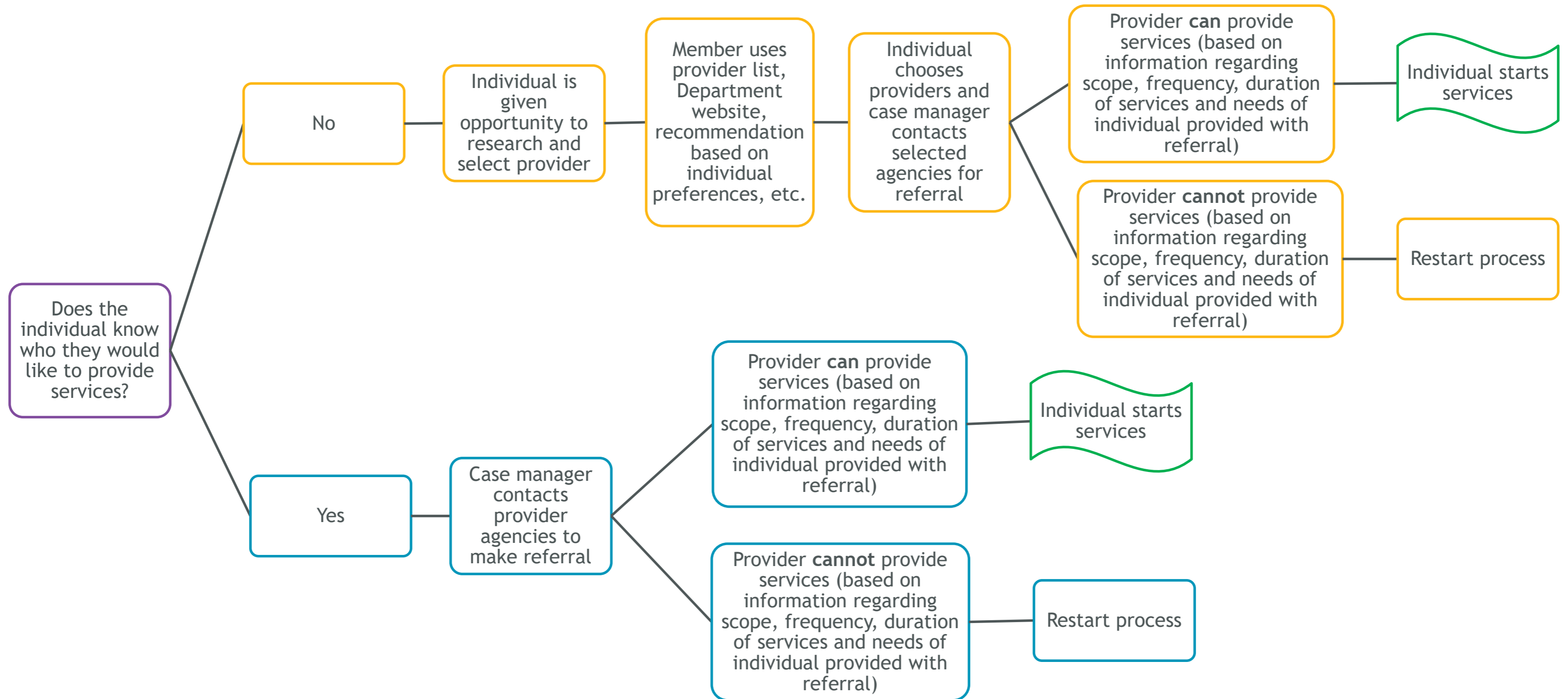
IDD HCBS Waivers

Department regulations require each Community Centered Board (CCB) to develop a process for informed choice

Non-IDD HCBS Waivers

Department regulations require case managers to offer informed choice

Proposed Process



What Do You Think?

What works?

What doesn't work?

What's missing?

Anything else?

Transition to Conflict-Free Case Management for Individuals

Fiscal Year 2017-2018 Data

8,608 people received at least one service from a CCB

1,224 people received a service from a rural CCB

Total service utilizers by Home and Community-Based Services (HCBS) waiver, FY 2017-18



What Do You Think?

When should communication begin?

How long should an individual have to choose a new CMA or provider?

Once choice made, how long before the individual transitions to new CMA?

What else needs to be considered?

What's Next?

Continue stakeholder engagement through March

Develop and amend regulations

Present to Medical Services Board

Communicate final regulations and train case management agencies



Questions?

Contact Information

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Thank You!