

Colorado Department of Health Care Policy and Financing (HCPF)
Survey Questions – Provider
November 1, 2018

Provider Survey Introduction

Colorado's Department of Health Care Policy and Financing (the Department) is releasing this survey to solicit feedback regarding the transition to conflict-free case management. The survey focuses on changes to the administration, operation, staffing, and financing of case management and direct services to comply with the delivery of conflict-free case management services. For any questions indicating deficiencies, we will request the agency provide additional information.

General Identifier Information

1. Select from the list of options that best describes your agency, board and/or organization.
 - a. Direct Service Provider
 - b. Case Management Agency
 - c. Single Entry Point Agency
 - d. Community Centered Board
2. Select the counties your agency, board, and/or organization serves.
3. Select the Home and Community Based Services waivers your agency, board, and/or organization serves.
4. Estimate the number of individuals receiving waiver case management and/or direct services from your agency, board, and/or organization (free response).

SEPs Only

5. Our agency has provided both case management and direct services in the past and is now in the process of transitioning to conflict-free case management. (If yes, SEP will complete "Applicable SEP" questions, in addition to sections marked "SEP." If no, SEP will complete sections marked "SEP")
 - a. Yes
 - b. No
 - c. N/A

General

Providers/Case Management Agencies/SEPs/CCBs

1. Our agency has received adequate information regarding the transition to comply with conflict-free case management.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
2. Our agency feels supported by the Department during this transition through both technical assistance and information provided.
 - a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
3. Our agency anticipates that the transition to conflict-free case management will impact our current operations.
 - a. Strongly Agree

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- b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
4. Our agency believes the transition to conflict-free case management will impact how care is delivered to the individuals we serve.
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
5. Our agency believes that the transition to conflict-free case management will positively benefit how care is delivered to individuals.
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
6. Additional training or information would assist our agency during the conflict free case management transition process.
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
7. How can the Department better support agencies throughout the transition process?
8. What hurdles remain for agency implementation of conflict-free case management?

CCBs/Applicable SEPs only:

9. Our agency has been able to locate or produce the supporting documentation to begin our transition plan outlined in the Business Continuity Plan (BCP).
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
10. Our agency feels supported by the Department during this transition through both technical assistance and the tools provided for the BCP.
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
11. Additional BCP training would assist our agency during this process.
- a. Strongly Agree

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- b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
12. Please provide any additional comments you may have about the BCP, conflict-free case management or the transition process in general.

Continuation of Care

Providers/Case Management Agencies/SEPs/CCBs

13. Participants will experience gaps in care due to the transition process to comply with conflict-free case management.
- a. Strongly Agree
 - b. Agree
 - c. Neither Agree/Disagree
 - d. Disagree
 - e. Strongly Disagree
 - f. N/A
14. Our agency feels that all needs identified in the participant's service plans are being met through the transition process.
- a. Yes
 - b. No
 - c. N/A
15. Our agency has developed a communication plan to notify and provide information to participants regarding conflict free case management.
- a. Yes
 - b. No
 - c. N/A
16. Our agency has developed a formal structure to solicit feedback from individuals, families, service providers, and other stakeholders in the community.
- a. Yes
 - b. No
 - c. N/A
17. Our agency has developed specific tools to gauge individual satisfaction during and after our transition to comply with conflict-free case management.
- a. Yes
 - b. No
 - c. N/A
18. If applicable, identify the service offerings projected to be impacted by gaps in service, reductions or removal of services? (Free Response)
19. If applicable, how many individuals within the agency's service area are estimated to be impacted by gaps in service, reduction in service or removal of services?

CCBs/Applicable SEPs Only

20. Our agency believes that the number of providers in our service area is sufficient to provide case management, direct services, or both (assumes CMS approval of a rural exception).
- a. Yes
 - b. No
 - c. N/A

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21. Our agency has developed a communication plan to notify and provide information to participants and stakeholders about our agency's transition plans to providing only conflict free case management or only direct services.
 - a. Yes
 - b. No
 - c. N/A
22. Our agency has mechanisms in place to communicate provider alternatives to individuals who must transition to a different provider to receive services formerly provided by our agency.
 - a. Yes
 - b. No
 - c. N/A
23. If applicable, please describe promising methods your agency has used to ensure that individuals continue to receive services formerly provided by the agency.
24. If applicable, describe the agency's process to ensure that services will not be disrupted during the transition process.

Staffing

Providers/Case Management Agencies/SEPs/CCBs

25. Our agency anticipates changes in staffing due to the transition to conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
26. Our agency has hired new providers or anticipates the need to recruit additional providers due to conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
27. Our agency plans to expand services to a new area and will recruit and hire new providers.
 - a. Yes
 - b. No
 - c. N/A

CCBs/Applicable SEPs

28. Our agency currently has sufficient staff to ensure continuation of care during and after our transition to comply with conflict-free case management.
 - a. Yes
 - b. No
 - c. N/A
29. Our agency plans to implement a post-transition provider/agency recruitment plan.
 - a. Yes
 - b. No
 - c. N/A
30. Our agency has implemented a post-transition provider/agency recruitment plan.
 - a. Yes
 - b. No
 - c. N/A
31. Our agency is aware of employees who have transitioned from the agency who have been able to locate work with another service provider.
 - a. Yes

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- b. No
 - c. N/A
32. Our agency is aware of employees who have transitioned from the agency who have not been able to locate work with another service provider.
- a. Yes
 - b. No
 - c. N/A

OHCDs

CCBs

33. Our agency is an Organized Health Care Delivery System (OHCDs) and contracts with at least one non-Medicaid provider to render services.
- a. Yes
 - b. No
 - c. N/A
34. For agencies that are an OHCDs, the agency intends to keep this arrangement and will make necessary changes, if needed, to meet conflict-free case management requirements.
- a. Yes
 - b. No
 - c. N/A
35. List out all services contracted by the OHCDs
36. Provide reason(s) why the service is provided by independent contractors rather than by a Medicaid provider.

Financial Impact

Providers/Case Management Agencies/SEPs/CCBs

37. Our agency anticipates financial changes due to the transition to conflict-free case management.
- a. Yes
 - b. No
 - c. N/A

If “Yes”, please answer the following.

38. Our agency has developed financial projections for the post transition period.
- a. Yes
 - b. No
 - c. N/A
39. Our agency has developed financial projections for the post transition period, and projects a loss in revenue.
- a. Yes
 - b. No
 - c. N/A
40. Our agency has developed financial projections for the post transition period, and projects an increase in revenue.
- a. Yes
 - b. No
 - c. N/A
41. Provide an estimate of your projected changes in revenue and expenses.

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Final

Providers/Case Management Agencies/SEPs/CCBs

42. Please provide any additional comments you may have regarding changes to conflict-free case management that you would like to submit to the Colorado Department of Health Care Policy & Financing (Medicaid).