STAKEHOLDER ENGAGEMENT MEETING

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

November 2017
INTRODUCTIONS

Navigant Consulting, Inc.

We are healthcare consultants with more than 25 years of experience working with public payers in the areas of payment system design, cost reporting and analysis for institutional and non-institutional providers, program evaluation, healthcare reform, the development and financing of consumer-directed services and managed care systems.

We provide consulting services related to policy and reimbursement for HCBS services for:

- Arizona
- Alabama
- Colorado
- Centers for Medicare and Medicaid Services (CMS)
- Illinois
- Kentucky
- Minnesota
- Nebraska
- New Hampshire
- North Dakota
- South Dakota
- Texas
- Wyoming
OBJECTIVE OF THE STAKEHOLDER ENGAGEMENT MEETING

• To solicit input from all stakeholders regarding changes to qualifications for Case Management Agencies and Case Managers

• During this meeting, we plan to accomplish the following:
  1. Review the types of case management used for Colorado HCBS waivers
  2. Review findings from an environmental scan of other state’s case manager qualifications
  3. Review proposed recommendations for case manager qualifications
  4. Review proposed recommendations for agency qualifications
  5. Receive feedback from stakeholders regarding case manager and agency qualifications
BACKGROUND
BACKGROUND

• In March 2014 the federal Centers for Medicare and Medicaid Services released a rule requiring the separation of case management from the provision of direct HCBS waiver services
  - 42 CFR 441.301(c)(1)(vi), effective March 17, 2014

• In 2017, the Colorado General Assembly passed HB17-1343, creating a definition of Conflict-Free Case management and requiring HCPF to:
  - Develop qualifications for Case Management Agencies
  - Develop qualifications for Case Managers

• While HB17-1343 is specific to individuals with Intellectual and Developmental Disabilities (I/DD), HCPF aims to restructure case management for all individuals enrolled in HCBS waivers
METHODOLOGY

• To better define case management agencies and case manager qualifications, HCPF contracted with Navigant Consulting, Inc. to:
  - Review current Colorado qualifications through 1915(c) waiver applications, policy documents, state regulations, and provider manuals
  - Interview HCPF staff about the current case management systems in Colorado
  - Review 1915(c) waiver applications from nine states for information on case management providers and payment methodologies
  - Conduct in-depth interviews of four of the nine states to solicit additional detail on case management delivery and payment.
  - Conduct interviews with six current Case Management Agencies in Colorado
HCBS CASE MANAGEMENT TYPES
There are three different approaches states can use to finance case management, and Colorado uses all three for its HCBS waivers:

- Administrative Function
- Targeted Case Management Service (Medicaid State Plan)
- Waiver Service

<table>
<thead>
<tr>
<th>Case Management Type</th>
<th>Current CO HCBS Waivers</th>
</tr>
</thead>
</table>
| **Administrative Function** | • Children with Autism  
• Children with Life Limiting Illness  
• Brain Injury  
• Community Mental Health Support  
• Elderly, Blind, and Disabled  
• Spinal Cord Injury  
• Children’s Habilitation Residential Program Waiver |
| **Targeted Case Management (TCM)** | • Children’s Extensive Support  
• Supported Living Services  
• Developmentally Disabled |
| **Waiver Service** | • Children’s HCBS |
## PROS AND CONS OF EACH CASE MANAGEMENT TYPE

<table>
<thead>
<tr>
<th>Administrative Function</th>
<th>Targeted Case Management</th>
<th>Waiver Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Allows for tying funding directly to budget appropriations</td>
<td>• More accurate tracking of CM utilization and expenditures</td>
<td>• Limits CM provision to waiver individuals</td>
</tr>
<tr>
<td>• Flexibility for the State to make policy and staffing changes</td>
<td>• Makes agencies less vulnerable to budget fluctuations</td>
<td>• Provides potential eligibility pathway under CFC option</td>
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<tr>
<td>• Commonly used when CM is provided by state staff</td>
<td>• Allows for customized rates for each waiver population</td>
<td></td>
</tr>
<tr>
<td>• More accurate tracking of CM utilization and expenditures</td>
<td>• Case management service may be available to waiver and non-waiver individuals</td>
<td></td>
</tr>
<tr>
<td>• Makes agencies less vulnerable to budget fluctuations</td>
<td>• Level of care eligibility determinations may be paid as TCM</td>
<td></td>
</tr>
<tr>
<td>• Allows for customized rates for each waiver population</td>
<td>• Limited utilization data available</td>
<td></td>
</tr>
<tr>
<td>• Case management service may be available to waiver and non-waiver individuals</td>
<td>• Limited assurance that funds are used for Medicaid CM purposes</td>
<td></td>
</tr>
<tr>
<td>• Level of care eligibility determinations may be paid as TCM</td>
<td>• CMAs are vulnerable to state budget cuts</td>
<td></td>
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<tr>
<td>• State has less control over expenditures</td>
<td>• Limited utilization data available</td>
<td></td>
</tr>
<tr>
<td>• Places administrative burden on CM entities to bill services and track their time</td>
<td>• Limited assurance that funds are used for Medicaid CM purposes</td>
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<tr>
<td>• No Wrong Door, choice counseling, intake and eligibility determinations cannot be paid as a waiver service. The State must fund these activities through alternative funding streams.</td>
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RESEARCH ON CASE MANAGER QUALIFICATIONS

- Navigant reviewed case manager qualifications across nine states and 42 waivers and found the following trends:

  **35** waivers accept bachelor’s degree AND/OR work experience

  **4** waivers require case managers to be a registered nurse AND have related work experience

  **19** waivers accept Master’s degrees with related work experience
Minimum Case Manager Education and Work Qualifications

- No Education or Work Experience: 0
- Work Experience Only: 2
- Certification and Experience: 8
- Associates and Work Experience: 6
- Bachelors and no work experience: 4
- Bachelors and Work Experience: 0
- Registered Nurse: 18
- Masters and Work Experience: 1
IN-DEPTH INTERVIEWS

- Navigant conducted four in-depth interviews with four states regarding their waiver case management delivery and payment systems:
  - Connecticut
  - Wyoming
  - Washington
  - Oregon

- States vary in how they furnish case management for their waivers:

<table>
<thead>
<tr>
<th>State</th>
<th>Administrative Function</th>
<th>Targeted Case Management (State Plan)</th>
<th>Waiver Service</th>
<th>Use of Tiered Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>X (3)</td>
<td>X (5)</td>
<td>X (3)</td>
<td>X (2)</td>
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<tr>
<td>OR</td>
<td></td>
<td>X (6)</td>
<td></td>
<td></td>
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<tr>
<td>WA</td>
<td>X (8)</td>
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<tr>
<td>WY</td>
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<td></td>
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<td>X (4)</td>
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PROPOSED RECOMMENDATIONS FOR CASE MANAGERS
Based on state research and current case manager qualifications, propose that case managers meet one of the following:

1. A Bachelor’s degree from an accredited college or university. Degrees in the following human behavioral science field are preferred:
   - Nursing
   - Social Work
   - Psychology
   - Social Services
   - Behavioral Health Science
2. A two-year Associate’s degree from an accredited college or university and two years of experience performing case management duties in a health or human services field
3. Five years of experience performing case management duties in a health or human services field
Certain waivers may have separate or additional requirements:

- Case managers serving individuals qualified under the Children’s Habilitation Residential Waiver must meet one of the following:
  1. A Bachelor’s degree with a major in a human behavioral science field (e.g., the disciplines listed in previous slide) and one year of professional caseworker experience acquired after the degree, in a public or provider social services agency
  2. A Bachelor of Social Work degree with a major in public child welfare, and successful completion of an approved field placement in a county department of social or human services
  3. A Master’s degree in social work or human behavioral science field
PROPOSED RECOMMENDATIONS FOR CASE MANAGEMENT AGENCIES
PROPOSED CASE MANAGEMENT AGENCY QUALIFICATIONS

- Case management agencies must be equipped to support case managers in the delivery of case management services.
- Case management agencies must meet all general, administrative, financial, and geographic requirements specified by HCPF.
PROPOSED CASE MANAGEMENT AGENCY
GENERAL REQUIREMENTS

• Be available to individuals eligible for waiver services twenty-four (24) hours a day
• Ensure individuals are provided access to an case manager
• Meet all Agency qualifications
• Meet all State requirements and regulations
• Have a signed agreement with HCPF
• Be an authorized Medicaid provider of case management services
PROPOSED CASE MANAGEMENT AGENCY
ADMINISTRATIVE REQUIREMENTS

• 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
• Demonstrate proof the agency has employed staff that meet case manager qualifications
• Possess a minimum of five years of experience in assisting high-risk, low income persons to obtain medical, social, education and/or other services
• Possess the administrative capacity to deliver services in accordance with State and federal requirements
• Have an organizational structure, approved by HCPF
• Have established referral systems and demonstrate linkages and referral ability with other social, health and service agencies
• Have the capacity to document and maintain individual case records in accordance with State and federal requirements
• Require staff to complete all necessary trainings, including trainings around person-centered thinking
PROPOSED CASE MANAGEMENT AGENCY
FINANCIAL REQUIREMENTS

- Demonstrate that they possess the appropriate financial management capacity and systems to document and track services and costs in accordance to State and federal regulation (includes the ability to maintain a management information system (MIS))
- Demonstrate ongoing financial sustainability and provide stability for case managers and service providers
- Submit a financial statement to HCPF for review annually
PROPOSED CASE MANAGEMENT AGENCY GEOGRAPHIC REQUIREMENTS

• Have local community knowledge and experience in establishing and maintaining working relationships with community-based organizations, hospitals, services providers and other organizations that will help meet the needs of the individuals
• Have a physical location in the region that they serve
FEEDBACK AND QUESTIONS

Submit additional feedback to:

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