

STAKEHOLDER ENGAGEMENT MEETING

COLORADO DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING

November 2017



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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

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- 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

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CASE MANAGEMENT FINANCING 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

Case Management Type	Current CO HCBS Waivers
Administrative Function	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Children's Extensive Support • Supported Living Services • Developmentally Disabled
Waiver Service	<ul style="list-style-type: none"> • Children's HCBS

PROS AND CONS OF EACH CASE MANAGEMENT TYPE

	Administrative Function	Targeted Case Management	Waiver Service
Advantages	<ul style="list-style-type: none"> Allows for tying funding directly to budget appropriations Flexibility for the State to make policy and staffing changes Commonly used when CM is provided by state staff 	<ul style="list-style-type: none"> More accurate tracking of CM utilization and expenditures Makes agencies less vulnerable to budget fluctuations Allows for customized rates for each waiver population 	<ul style="list-style-type: none"> Limits CM provision to waiver individuals Provides potential eligibility pathway under CFC option
		<ul style="list-style-type: none"> Case management service may be available to waiver and non-waiver individuals Level of care eligibility determinations may be paid as TCM 	
Disadvantages	<ul style="list-style-type: none"> CMAs are vulnerable to state budget cuts Limited utilization data available Limited assurance that funds are used for Medicaid CM purposes 	<ul style="list-style-type: none"> State has less control over expenditures Places administrative burden on CM entities to bill services and track their time 	<ul style="list-style-type: none"> 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.

STATE RESEARCH

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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:

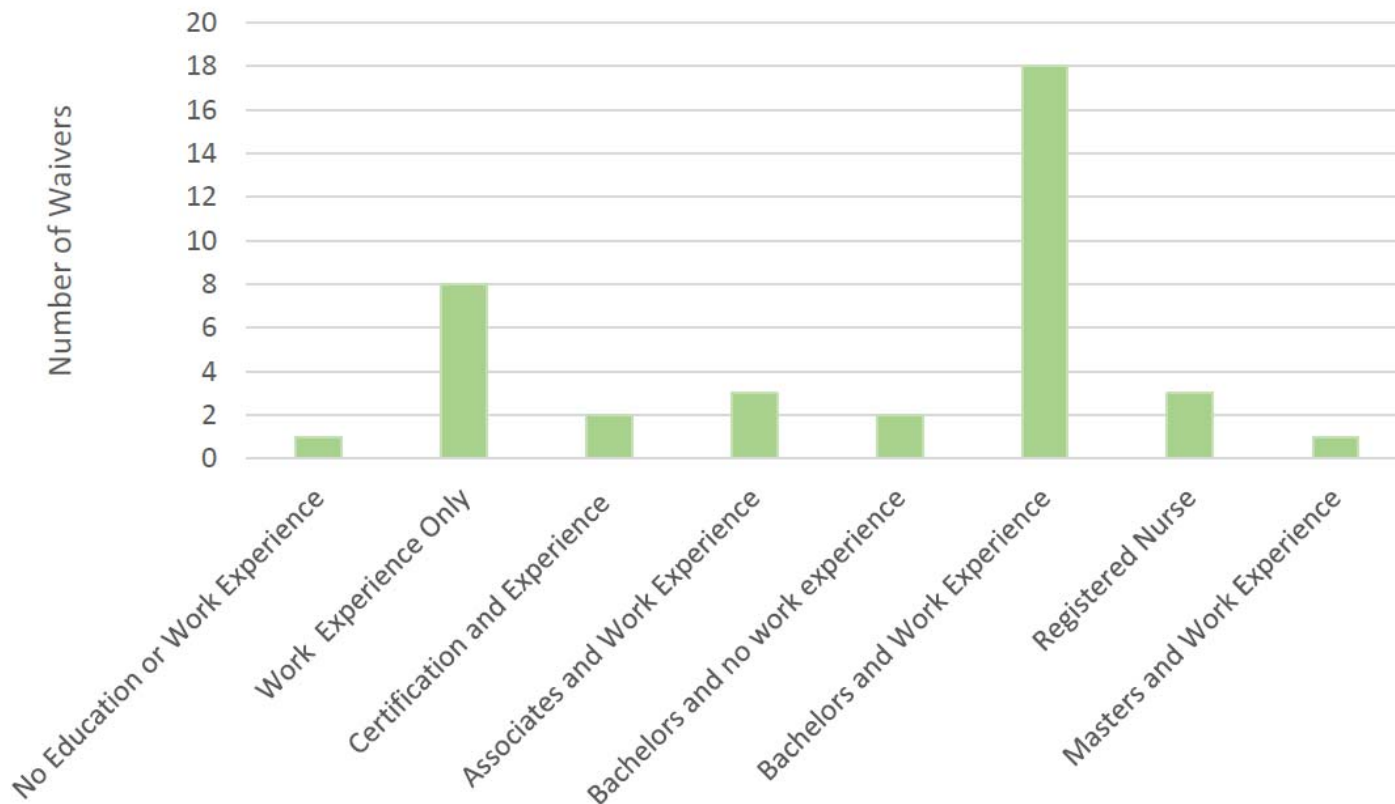
35 waivers accept bachelor's degree AND/OR work experience

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

RESEARCH ON CASE MANAGER QUALIFICATIONS

Minimum Case Manager Education and Work Qualifications



IN-DEPTH INTERVIEWS

- Navigant conducted four in-depth interviews with four states regarding their waiver case management delivery and payment systems:
 - Connecticut
 - Washington
 - Wyoming
 - Oregon
- States vary in how they furnish case management for their waivers:

	Case Management Funding Model (# of waivers)			
State	Administrative Function	Targeted Case Management (State Plan)	Waiver Service	Use of Tiered Payments
CT	X (3)	X (5)	X (3)	X (2)
OR			X (6)	
WA	X (8)			
WY			X (4)	

PROPOSED RECOMMENDATIONS FOR CASE MANAGERS

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PROPOSED CASE MANAGER QUALIFICATIONS

- 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

PROPOSED CASE MANAGER QUALIFICATIONS- WAIVER SPECIFIC

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

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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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