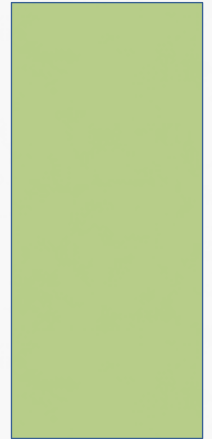




# **CONFLICT FREE CASE MANAGEMENT: NEW RULES, NEW DIRECTIONS**

CMS REGULATIONS EFFECTIVE MARCH 17, 2014



# NEW RULES: CONFLICT FREE CASE MANAGEMENT

- **Intent of the CMS Final Rule**

- “To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs ... have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate”
- “To enhance the quality of HCBS and provide protections to participants”

From the presentation “Final Rule Medicaid HCBS” (2014). Disabled and Elderly Health Programs Group, Centers for Medicaid and CHIP Services.



# NEW RULES: CONFLICT FREE CASE MANAGEMENT

- **Person-Centered Planning – 441.301(c)(1)(vi)**

*“Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.”*



# NEW RULES: CONFLICT FREE CASE MANAGEMENT

- Final Rule became effective March 17, 2014
- States were expected to be in compliance with CFCM on that date
  - No “transition period”, AND
  - No CFCM, no waiver renewal
  - Effectively sets a July 1, 2016 deadline



# WHEN IS CASE MANAGEMENT CONFLICT-FREE?

*When the individual providing case management is not employed by, does not have a financial interest in, nor is affiliated, to any degree, with an agency that provides home and community-based services,*

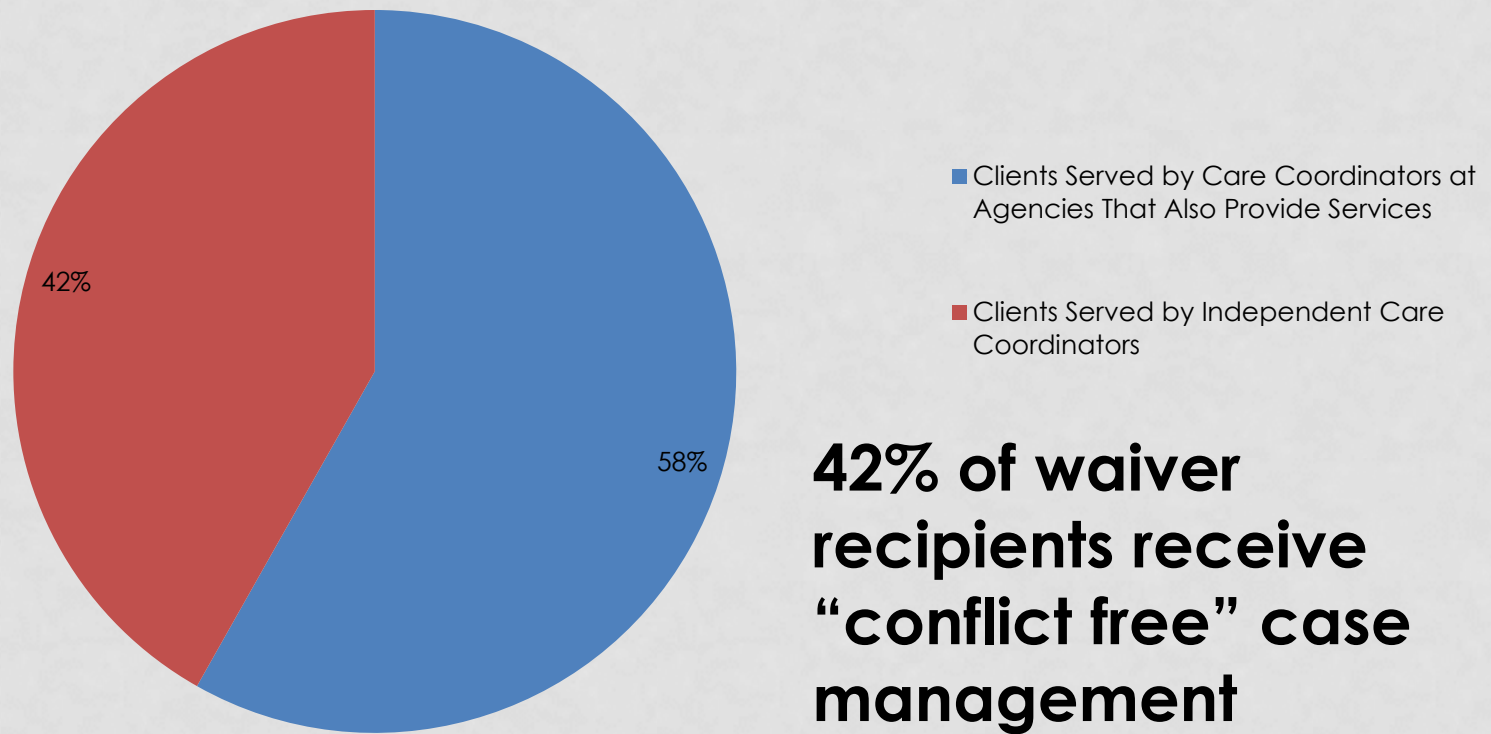


# WHEN IS CASE MANAGEMENT CONFLICT-FREE?

**Except**, when the State determines that only one entity in a geographic area is willing and qualified to provide case management and/or develop person-centered service plans

# WHAT % OF RECIPIENTS RECEIVE CFCM CURRENTLY?

## Alaska Total

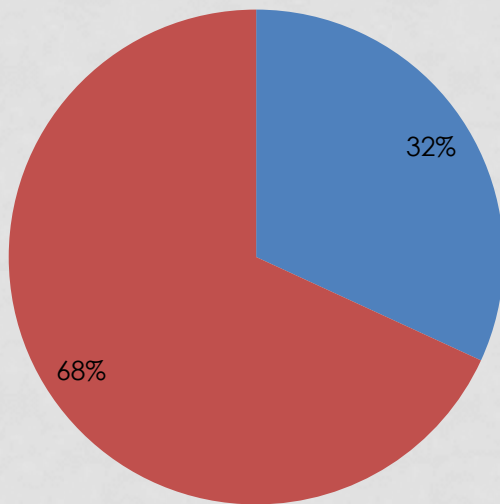


**42% of waiver recipients receive “conflict free” case management**

# WHAT % OF RECIPIENTS RECEIVE CFCM CURRENTLY?

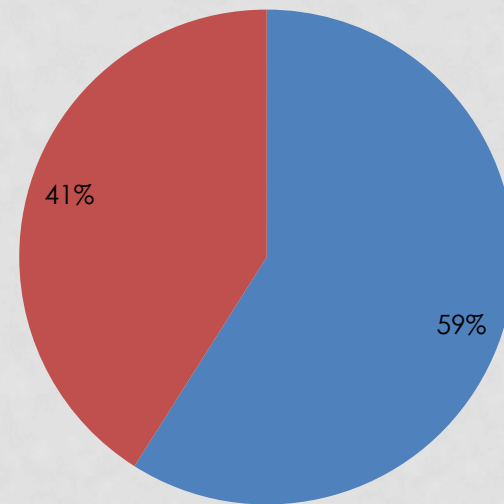
**68% of All recipients**

**Alaskans Living Independently**



**41% of APDD recipients**

**Adults with Physical and Developmental Disabilities**

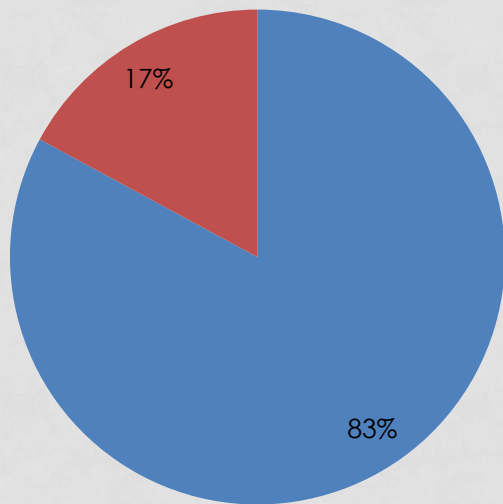




# WHAT % OF RECIPIENTS RECEIVE CFCM CURRENTLY?

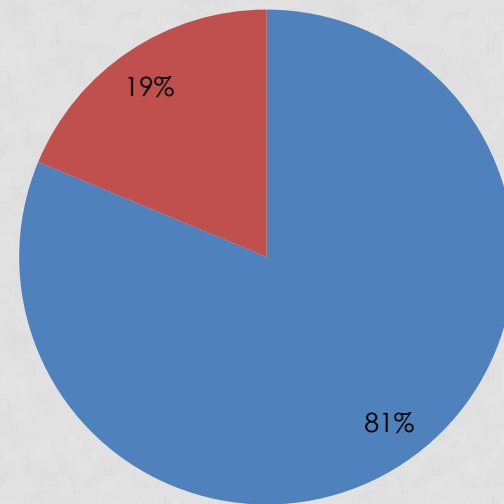
**17% IDD recipients**

**Intellectual and  
Developmental Disabilities**



**19% CCMC recipients**

**Children with Complex  
Medical Conditions**



# WHAT WE'VE DONE SO FAR

- Convened a working group of DHSS, Trust and provider stakeholders
- Made decisions to “redesign the system”
- Hired consultants to facilitate a planning process
- Received “Conflict-Free Case Management System Design” report from consultants containing four options for system design:



# PROPOSED APPROACHES TO CFCM

- **Option 1: Keep the current system, with modifications**
  - Regulations separate case management and service delivery at the agency level
    - Allow agencies to provide either HCB direct services or case management, not both
    - Market forces will determine the number of case management agencies and independent case managers;
    - Update case management performance measures and provide enhanced oversight



# PROPOSED APPROACHES TO CFCM

## Option 1: What stakeholders have told us:

- Not efficient
- Big change for recipients
- Quality at stake
- Independent care coordination not financially viable
- Concerns for case management capacity



# PROPOSED APPROACHES TO CFCM

- **Option 2: State designation of regional agencies from which all recipients in a region must receive case management, and with which all “independents” must affiliate**
  - State solicits one case management entity per region through an RFP process;
  - Regional agencies provide administrative support to independent case managers.



# PROPOSED APPROACHES TO CFCM

## Option 2: What stakeholders have told us:

- Lack of choice for recipients
- Forces independent case managers to affiliate with the regional entity
- SDS would have to restructure the waiver program
- Could be a “transitional” measure



# PROPOSED APPROACHES TO CFCM

- **Option 3: Current system with addition of new statewide or regional “administrative support” agencies**
  - State solicits administrative support entities through an RFP process; may solicit multiple agencies;
  - These agencies provide administrative support to independent case managers, but do not provide case management



# PROPOSED APPROACHES TO CFCM

## Option 3: What stakeholders have told us:

- Flexible and cost-effective
- Would build “quality” capacity in the system
- Does not support care coordinators who do not want to go “independent”
- Concern for the length of time it would take to establish agencies.





# PROPOSED APPROACHES TO CFCM

- **Option 4: Current system with addition of multiple agencies that provide case management and administrative support**
  - No limit on number of agencies operating in Alaska;
  - Provide case management, administrative support, but not direct services



# PROPOSED APPROACHES TO CFCM

## Option 4: What stakeholders have told us:

- Flexible
- Could be a transitional measure
- Concern if case manager qualifications are made more stringent – we may lose good case managers



# PROPOSED APPROACHES TO CFCM

- **Option 1:** Current system with modifications – separation of case management and service delivery
- **Option 2:** State-designated, single case management agency per region
- **Option 3:** State-designated “administrative support only” agencies
- **Option 4:** Multiple agencies that provide case management and administrative support

# THE DIRECTION WE'RE GOING

- **Option 1:** Current system with modifications – separation of case management and service delivery
- **Option 4:** Multiple agencies that provide case management and administrative support
  - Promotes choice and quality
  - Administratively feasible
  - Builds on current system



# IDENTIFIED TASKS

- *Determine current capacity for CFCM in all geographical areas of the state*



Region	Number of Care Coordinators	Number of Care Coordinator Agencies	Number of Clients	Number of Clients Served by Independent Care Coordinator	Percent of Clients Served by Independent Care Coordinator
<b>Anchorage</b>			<b>2,197</b>	<b>1,114</b>	<b>51%</b>
IDD	83	38	925	195	21%
ALI	87	62	1,144	882	77%
APDD	26	17	36	18	50%
CCMC	38	18	99	21	21%
<b>Southcentral</b>			<b>1,360</b>	<b>586</b>	<b>43%</b>
IDD	72	37	538	89	17%
ALI	76	54	716	471	66%
APDD	25	18	31	9	29%
CCMC	33	15	76	17	22%
<b>Southeast</b>			<b>320</b>	<b>64</b>	<b>20%</b>
IDD	31	16	192	34	18%
ALI	21	16	98	18	18%
APDD	4	3	6	4	67%
CCMC	13	9	24	8	33%
<b>Interior</b>			<b>326</b>	<b>47</b>	<b>14%</b>
IDD	24	14	206	16	8%
ALI	12	11	95	29	31%
APDD	5	3	5	1	20%
CCMC	10	4	20	1	5%
<b>Northwest</b>			<b>45</b>	<b>2</b>	<b>4%</b>
IDD	5	4	31	0	0%
ALI	2	2	2	2	100%
APDD	0	0	0	0 n/a	
CCMC	4	2	12	0	0%
<b>Southwest</b>			<b>95</b>	<b>3</b>	<b>3%</b>
IDD	12	8	71	2	3%
ALI	3	3	4	1	25%
APDD	0	0	0	0	0%
CCMC	6	5	20	0	0%
<b>Alaska Total</b>			<b>4,343</b>	<b>1,816</b>	<b>42%</b>
IDD			1,963	336	17%
ALI			2,059	1,403	68%
APDD			78	32	41%
CCMC			251	47	19%

Waiver Recipients Currently Served by Conflict-Free care coordinators, by Region and Waiver Type\*

\*Regional totals for care coordinators and care coordination agencies are not available as unduplicated counts.

# IDENTIFIED TASKS

*Identify places where there is only one willing and qualified agency to provide both case management and HCBS*

- By “geographical area”
  - Census area? Region? City? Tribal health region?
- Verification?



# IDENTIFIED TASKS

*Develop a method to stabilize areas with a “sole-source” provider*

- Time-limited “designation”?
- “Open enrollment” periods?





# IDENTIFIED TASKS

Establish strategies to mitigate conflict of interest when “sole-source” agencies are allowed to offer both case management and HCBS

- Disclosure
- “Firewalls”



# IDENTIFIED TASKS

- **Continue to ensure recipient health, safety and welfare**
  - Quality standards for CFCM
  - Excellent provider policy, certification, and compliance support
  - CFCM capacity-building
  - Ensure adequate training resources
  - Negotiate acuity-based rates

# WHAT DO YOU THINK?

- Questions?
- Bright ideas?
- Roadblocks?
- Things we haven't considered?
- Text now or send to:  
[angela.salerno@alaska.gov](mailto:angela.salerno@alaska.gov)  
465-4874

