

Conflict Free Case Management: Systems Change

April 16, 2015

Trust
Alaska Mental Health
Trust Authority



CMS Final Rule

- Center for Medicaid and Medicare Services (CMS) issued final rule March 17, 2014 for sections 1915 (c)(k) and (i) of Social Security Act – Home and Community Based Services
- New rule makes specific changes to the requirements for settings in which services are received, defines community integration and requires person centered planning for all recipients
- States required to submit transition plan prior to March 17, 2015
- In October states received clarification that they were expected to already be in compliance with Conflict Free Case Management (CFCM)
 - No “transition period” and tied to waiver renewal
 - Effectively sets a July 1, 2016 deadline



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.

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.”

How is case management conflict-free?

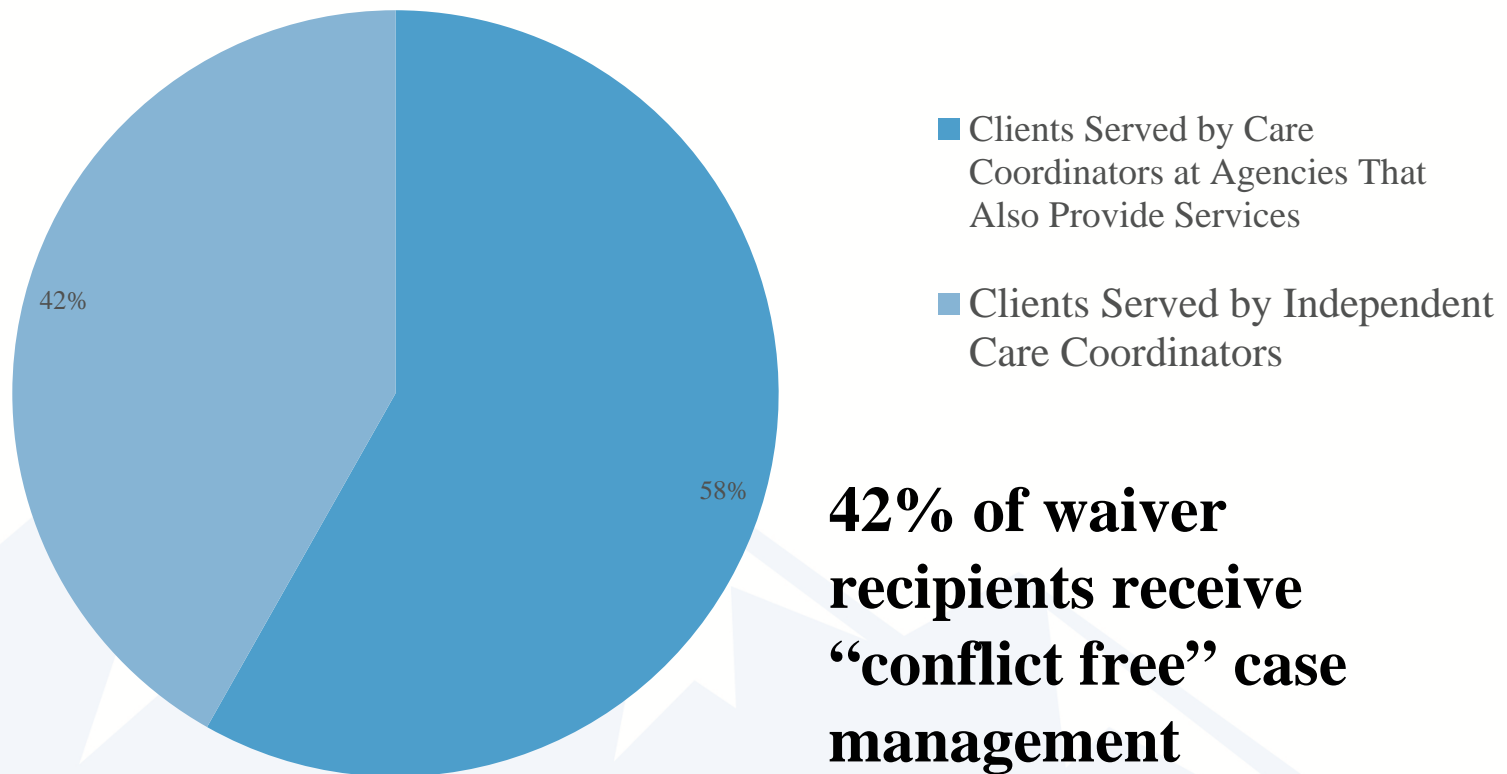
When the individual providing case management is not employed by, does not have a financial interest in, nor is affiliated, to any degree, with an agency that provides home and community-based services

Exception to this rule-

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?

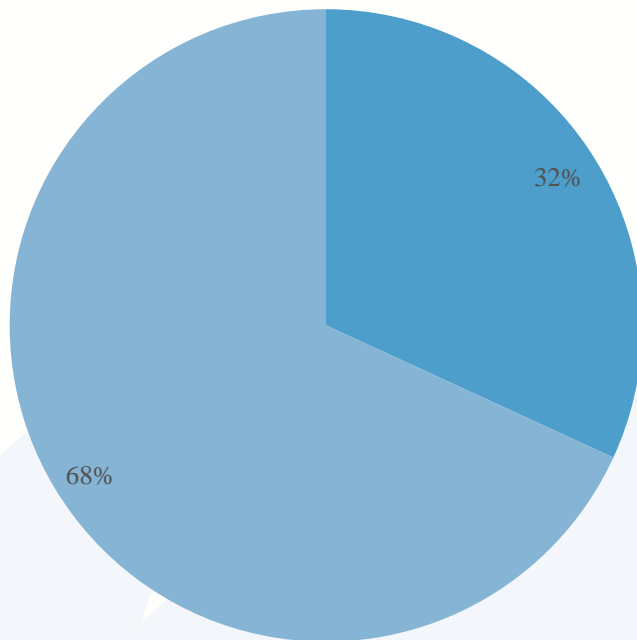
Alaska Total



What % of recipients receive CFCM currently?

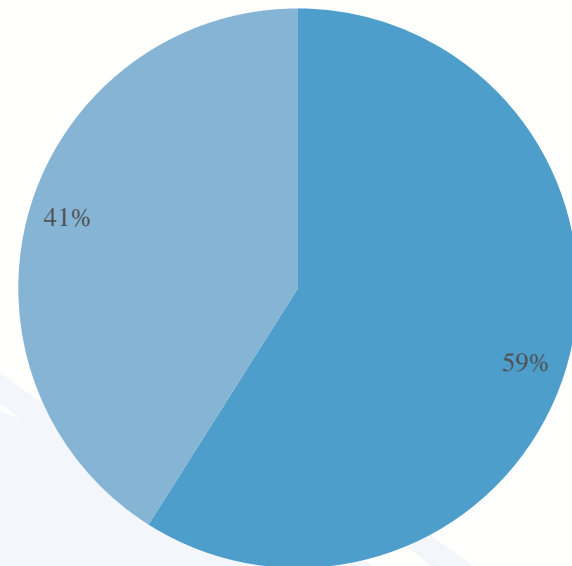
68% of ALI recipients

Alaskans Living Independently



41% of APDD recipients

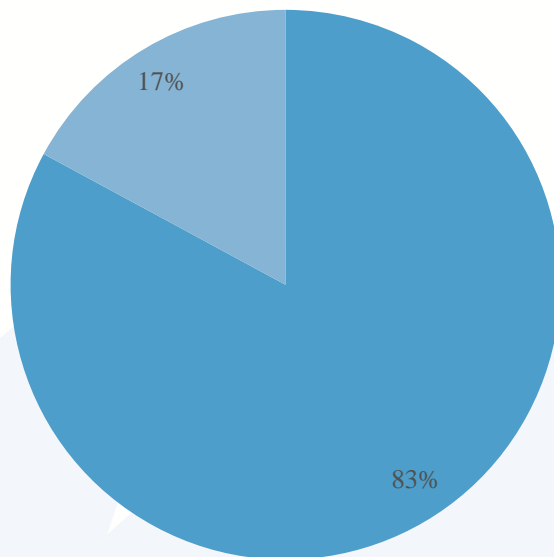
Adults with Physical and Developmental Disabilities



What % of recipients receive CFCM currently?

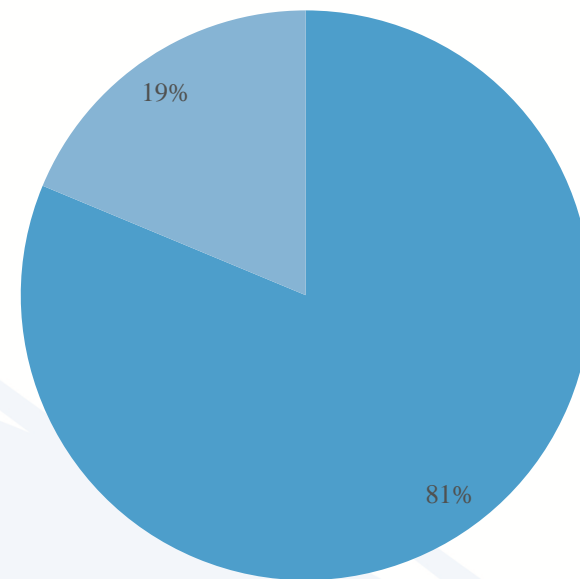
17% IDD recipients

**Intellectual and Developmental
Disabilities**



19% CCMC recipients

**Children with Complex Medical
Conditions**





Planning Activities

- Work group convened with DHSS and stakeholders to look at care coordination and case management across systems
- Made decisions to “redesign the system”
- Worked with consultants to facilitate a planning process
- Developed “Conflict-Free Case Management System Design” report with consultants and stakeholders containing four options for a new system design



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



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 (1915 b waiver)
- 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
 - Similar to county based systems in lower 48



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 in each region;
 - 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
- Provides organizational structure for existing case managers
- Concern if case manager qualifications are made more stringent – we may lose good case managers



Favored Options

- **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



Final Decision on Options

- SDS will present options at community forums and discuss with beneficiaries and families
- Key decision points were outlined in the timeline of the report to achieve implementation of CFCM January, 2016
- 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
Anchorage			2,197	1,114	51%
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%
Southcentral			1,360	586	43%
IDD	72	37	538	89	17%
ALI	76	54	716	471	66%
APDD	25	18	31	9	29%
CCMC	33	15	76	17	22%
Southeast			320	64	20%
IDD	31	16	192	34	18%
ALI	21	16	98	18	18%
APDD	4	3	6	4	67%
CCMC	13	9	24	8	33%
Interior			326	47	14%
IDD	24	14	206	16	8%
ALI	12	11	95	29	31%
APDD	5	3	5	1	20%
CCMC	10	4	20	1	5%
Northwest			45	2	4%
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%
Southwest			95	3	3%
IDD	12	8	71	2	3%
ALI	3	3	4	1	25%
APDD	0	0	0	0	0%
CCMC	6	5	20	0	0%
Alaska Total			4,343	1,816	42%
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.

Exception to the Rule

- Identify places where there is only one willing and qualified agency to provide both case management and Home and Community Based Services
 - Census area? Region? City? Tribal health region? Verification process?
- Establish strategies to mitigate conflict of interest when “sole-source” agencies are allowed to offer both case management and Home and Community Based Services
 - Disclosure and “Firewalls”
- Develop a method to stabilize areas with a “sole-source” provider
 - Time-limited designations?
 - Open enrollment periods?





Reconvene Workgroup

- **Continue to ensure recipient health, safety and welfare**
 - Develop quality standards for CFCM
 - Clarify service definitions and case management services
 - Identify provider policy, certification, and compliance support
 - CFCM capacity-building in each region
 - Ensure adequate training resources
 - Negotiate acuity-based rates



What's Next?

- Ongoing community forums and communication with beneficiaries and families
- Regional meetings with providers to identify local solutions, ensure continuity of services and retain trained care coordinators within the “system”
- Education to agency leadership, board of directors, staff and other key stakeholders
- Coordinate with the Alaska Health Workforce Coalition and the Department of Labor and Workforce Development to ensure workforce capacity

Thank You

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