

Office of Community Living

The Transition to Conflict-Free Case Management in Colorado

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Our Mission

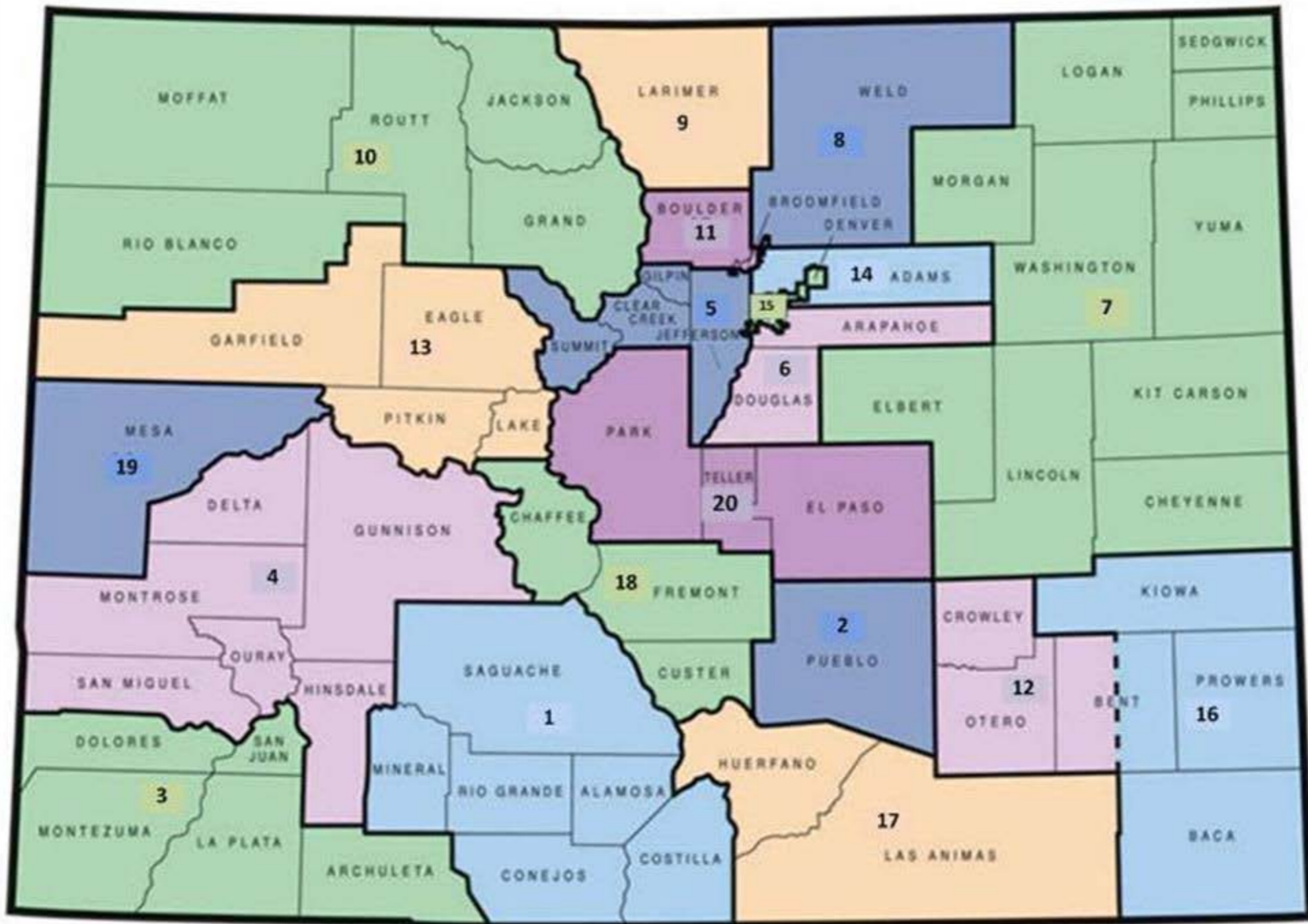
Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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20 CCBs serve 10,000+ Individuals



Colorado's History

- Community Centered Boards
 - Designated by statute
 - Serve a designated area – exclusively
 - Single Point of Entry
 - Service Plan Development
 - Case Management
 - Service Provider
 - Investigations
 - Quality Assurance
 - Provider Entry
 - Organized Health Care Delivery System



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Past Attempts to Address Conflict of Interest

- 2007 University of Southern Maine Study
 - Methodology
 - Developed an operational definition of “conflict of interest”
 - Document review
 - Stakeholder input
 - Researched other states
 - Evaluated existing safeguards
 - Recommendations
 - Incremental strategies to reduce conflict or strengthen state oversight
 - Options for system redesign

Past Attempts, con't.

- 2010 Conflict of Interest Task Force
 - Result of State Auditor's Office 2009 Audit
 - 24 members: Self-advocates, family, Community Centered Boards, service providers, advocates, DD Council, The Legal Center, DHS, Single Entry Points, and others
 - Recommendations to address conflicts of interest identified by University of Southern Maine study and 2009 audit
 - 12 recommendations made to address 7 areas of concern



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Current Work to Address Conflict of Interest

- Conflict Free Case Management Task Group
 - Charge: Develop recommendations for consideration by the Department regarding a process to establish a conflict-free case management model for persons enrolled in the Home and Community Based Services (HCBS) waivers administered by DIDD.



Conflict Free Case Management: Task Group

- Task Group formation announced in November 2013.
- Members were selected to ensure representation from a broad range of stakeholder perspectives.
- Members included individuals receiving services, their family members, professional advocates, and representatives from waiver service providers, and the Community Centered Boards.
- October 2014 Report contained three options for addressing conflict of interest issues for consideration by the Department.



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Centers for Medicare and Medicaid Services Final Rule: March 17, 2014

“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. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.” (42 CFR § 441.301(c)(1)(vi)).



Conflict Free Case Management Task Group: Option #1 and Department Response

- **Task Group Option #1: Complete Separation of Case Management from direct services:** Agencies must decide whether to provide case management (CM) or HCBS direct services, but may not provide both.
- Department Response:
 - This option is in compliance with the federal Centers for Medicare and Medicaid Services (CMS) regulation effective March 17, 2014, regarding separation of Home and Community Based Services (HCBS) case management from direct service provision.



Conflict Free Case Management Task Group: Option #2 and Department Response

- Task Group Option #2: Internal Co-existing Case Management and HCBS Direct Services
- Department Response:
 - Option Two complies with CMS regulation. Agencies may offer both case management and HCBS direct services but not to the same individual.



Conflict Free Case Management Task Group: Option #3 and Department Response

- **Task Group Option #3: Person-Centered Choice Informed Consent Opt-out of Conflict Free Case Management:** Individual makes an informed consent to opt-out of separate case management and HCBS direct services.
- Department Response:
 - Option Three does not comply with CMS regulations; implementation jeopardizes FFP
 - People can receive both HCBS case management and direct service provision from the same agency when there is no other willing and qualified provider, when approved by CMS
 - CMS provided direction that individuals must be offered informed choices regarding the services and supports they receive and from whom
 - And, CMS states that there cannot be any conflict of interest and that the regulations for person-centered planning encompass the regulations pertaining to conflict of interest



State Statute

- House Bill 15-1318

- Work with CCBs, SEPs and other stakeholders to develop a plan to resolve conflict of interest and comply with the federal regulation
- Submit plan to the General Assembly by July 1, 2016



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Conflict Free Case Management: Plan Development

- Surveyed three functions at all 20 CCBs
 - Administrative
 - Targeted Case Management
 - Organized Health Care Delivery Systems
- Conducted 5 on-site surveys based on survey of all CCBs
- Researched best practices from other states regarding CFCM
- Facilitated 6 meetings with CCB Executive Staff to obtain their input for HOW the Department should implement CFCM



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Conflict Free Case Management: Plan Development, cont.

- Summary report written from both the survey of and meetings with the CCBs
- Facilitated 15 Town Hall meetings across the state
- Meetings included individuals, families, guardians, advocates, providers, Single Entry Point agencies, and other stakeholders
- Summary report written to include in final implementation plan



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Conflict Free Case Management: Draft Plan

- 3 phases
 - Planning
 - Design
 - Implementation
- Each phase has four categories for consideration
 - Statutory/Regulatory and Policy Changes
 - Provider Development and Outreach
 - Communication Priorities
 - Tracking Mechanisms
- Expect phases to overlap
- Estimated transition time is 4-6.5 years



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Conflict Free Case Management: Plan Feedback

- Facilitated 4 Regional Forums and 1 statewide webinar to present and obtain feedback on the draft plan
- Forums had participation from individuals, families, guardians, advocates, CCBs, providers, Single Entry Point agencies, and other stakeholders



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Conflict Free Case Management: Current Status

- Worked with contractor to develop the final implementation plan
- Includes feedback received at Regional Forums, as well as other work completed during plan development
- Weekly calls with contractor to discuss edits and necessary changes
- Final implementation plan submitted to the Joint Budget Committee on July 1, 2016



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Questions or Concerns?



More Information

- Conflict-Free Case Management
 - <https://www.colorado.gov/hcpf/conflict-free-case-management>



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Contact Information

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Thank You!



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