



# **Rhode Island CFCM Implementation and Strategic Plan**

*December 2022*

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# Agenda

1. Project Overview
2. Impact on Stakeholders
3. **DRAFT** CFCM Strategic Plan
4. Next Steps

# **Rhode Island CFCM Implementation and Strategic Plan**

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## **Project Overview**

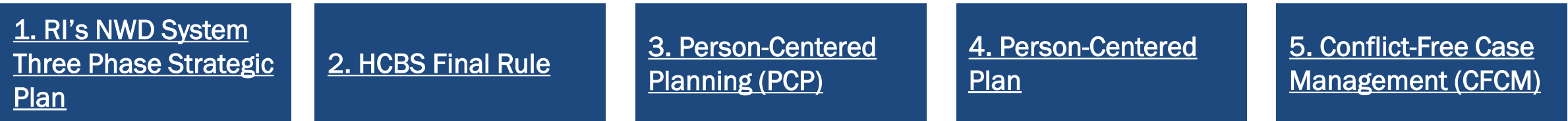
# Introduction

The Rhode Island Executive Office of Health and Human Services (RI EOHHS) is leading an interagency team to implement a statewide system for providing conflict-free case management (CFCM) and person-centered planning (PCP) for **all Medicaid home and community-based services (HCBS) participants**.

*Project Goals:*

- ✓ Goal #1: Improve Medicaid HCBS Participant Access to Services, Choice, and Control
- ✓ Goal #2: Create an Infrastructure to Deliver High Quality CFCM
- ✓ Goal #3: Deliver CFCM in Accordance with Federal and State Requirements
- ✓ Goal #4: Comply with all of the elements of a CMS approved Corrective Action Plan (CAP)

Key Concepts and Definitions:



# WHY is CFCM Needed?

1. RI EOHHS is under a **Corrective Action Plan with CMS** to deliver case management in accordance with CMS's HCBS Final Rule (42 CFR 441.301).
2. The State's HCBS programs continue to function in **administrative silos** where different State agencies maintain separate business processes, instruments, and IT systems for performing case management and planning tasks. This leads to **inequities in access**.
3. The State uses **different reimbursement rates** and units of service (e.g., 15-minute increments v. monthly) for case management services. Current payment methods create the opportunities for conflicts of interest, steering, and uneven access and choice.

## What are we doing now that we can't do in the future due to Federal requirements?

1. HCBS direct service providers will no longer be able to develop a person-centered plan and provide case management to the same Medicaid LTSS participant.
2. Create the potential for steering by paying for any application/assessments services only if a person enrolls in a particular program/service
3. Use federal funds to pay for non-certified/non-credentialed independent plan writers. Developing a person-centered plan and conflict free case management are components of the same service under federal rules. *Plan facilitation is a separate service.*
4. Provide person-centered planning or case management in a manner inconsistent with federal specifications and reporting requirements.

# WHEN Will CFCM Happen?

Contingent upon federal and RI legislative approval, the State will begin to enroll Medicaid HCBS participants into CFCM starting January 2024.

Category	Key Activities	2022	2023					2024
		Q4	Q1	Q2	Q3	Q4	Q1	
Design	Collect stakeholder feedback and post an updated CFCM Strategic Plan							
	Issue an RFI to potential CFCM vendors							
Build	Implement an LTSS consumer information management system (CIMS)							
	Implement a pilot program to test CFCM tools and the State's LTSS CIMS							
	Issue an RFP for CFCM services							
	CFCM contracting and State provided training							
Execute	Begin CFCM transition for all Medicaid HCBS consumers (By Jan. 2025 all Medicaid HCBS consumers are receiving CFCM)							



## Key Dates

- By Dec. 23, 2022: Stakeholders submit feedback to [OHHS.LTSSNWD@ohhs.ri.gov](mailto:OHHS.LTSSNWD@ohhs.ri.gov)
- By Jan. 31, 2023: Updated Strategic Plan
- Mar. 2023: Issue an RFI to stakeholders
- Jul. 2023: LTSS CIMS + Pilot + RFP
- Jan. 1, 2024: Begin CFCM transition

# **Rhode Island CFCM Implementation and Strategic Plan**



## **Impact on Stakeholders**

# Current State Assessment

Population	Service / Program	# of Participants	Case Management Provider	Current State Comparison to CMS's HCBS Final Rule				
				Conflict-Free	Discovery	Plan Development	Service Arrangement	Monitoring
Elders and Adults with Disabilities (EAD)	<ul style="list-style-type: none"> <li>Home care (OHA community)</li> <li>Assisted living</li> </ul>	2,370	EOHHS and OHA contracted community providers.	No	No	Limited OHA agencies only	Limited OHA agencies only	Limited OHA agencies only
	<ul style="list-style-type: none"> <li>Self directed services (independent provider and personal choice)</li> <li>Shared living</li> </ul>	1,279	<ul style="list-style-type: none"> <li>Service advisement (SA) agencies</li> <li>Shared living agencies</li> </ul>	No	No	Limited by SAs	NA	Yes
	Home care (DHS community)	3,034	DHS Social Caseworkers	NA	No	No	Limited	No
	Habilitative services/traumatic brain injury (TBI)	42	EOHHS Office of Community Programs staff	Yes	No	Limited	Limited	Yes
	Katie Beckett eligible children	913	DHS clinical eligibility team <i>(Offered upon request only)</i>	NA	No	Limited	No	No
Intellectual / Developmental Disability (I/DD)	Group homes, self-directed, and other home and community-based services	4,330	<ul style="list-style-type: none"> <li>DDOs</li> <li>Other DD providers</li> <li>BHDDH Social Caseworker II</li> </ul>	No	No	No	Limited	No

Total 11,968



# Impact on Stakeholders (High and Medium)

Stakeholders	Impact Level	Impact Description
Developmental Disability Organizations (DDOs)	High	The State’s DDOs provide direct services and case management. In the future state, the DDOs will not be allowed to develop person-centered plans and provide direct care services due to CMS conflict of interest regulations.
Community Providers that Provide Medicaid HCBS Case Management Services	High	Community providers that currently provide Medicaid HCBS case management services may apply to provide CFCM; however, the requirements and process will be different under the future state design.
BHDDH Plan Writers	High	There will be no independent plan writers if they are not part of a CFCM agency. Person-centered planning will be part of CFCM.
HCBS Providers	Medium	HCBS providers will be required to coordinate with the conflict-free case managers and participate in the person-centered planning process (as requested).
Medicaid HCBS Participants	Medium	<ul style="list-style-type: none"><li>• 12,000 Medicaid HCBS participants will receive CFCM; therefore, this service may be new to some existing HCBS participants.</li><li>• Medicaid HCBS participants currently receiving case management services may have a new conflict-free case manager.</li></ul>



Discussed in more detail on the next slide

# Impact on Medicaid HCBS Participants

There are approximately 12,000 Medicaid HCBS participants that will be directly affected by the implementation of CFCM.

Population	Service / Program	Approx. # of Participants	% of Total
Elders and Adults with Disabilities (EAD)	Home Care	4,407	36.8%
	Assisted Living	997	8.3%
	Katie Beckett Eligible Children <i>(The appropriate delivery system for this population is TBD)</i>	913	7.6%
	Self-Directed Services (Personal Choice Program)	770	6.4%
	Shared Living	409	3.4%
	Self-Directed Services (Independent Provider Program)	100	0.8%
	Habilitative Services/Traumatic Brain Injury (TBI)	42	0.4%
Intellectual / Developmental Disability (I/DD)	Group homes, self-directed, and other home and community-based services	4,330	36.2%
Total		11,968	

## Excluded Programs

Participants that are enrolled in the following programs (or that receive the following services) will continue to receive case management services from their existing providers:

- a. PACE
- b. Medicare-Medicaid manage care duals demonstration and any successor LTSS managed care plans
- c. NHTP
- d. BHDDH Health Homes for Behavioral Health
- e. The Office of Healthy Aging’s (OHA) At Home Cost Share program

# **Rhode Island CFCM Implementation and Strategic Plan**



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## **CFCM Strategic Plan Overview**

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Rhode Island’s DRAFT CFCM Strategic Plan is available on the RI EOHHS website. This document was developed with guidance from 1) CMS federal requirements 2) key stakeholders 3) other state approaches and 4) feedback from subject matters experts.



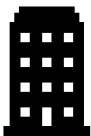
1. Process



2. Roles & Responsibilities



3. Contracting

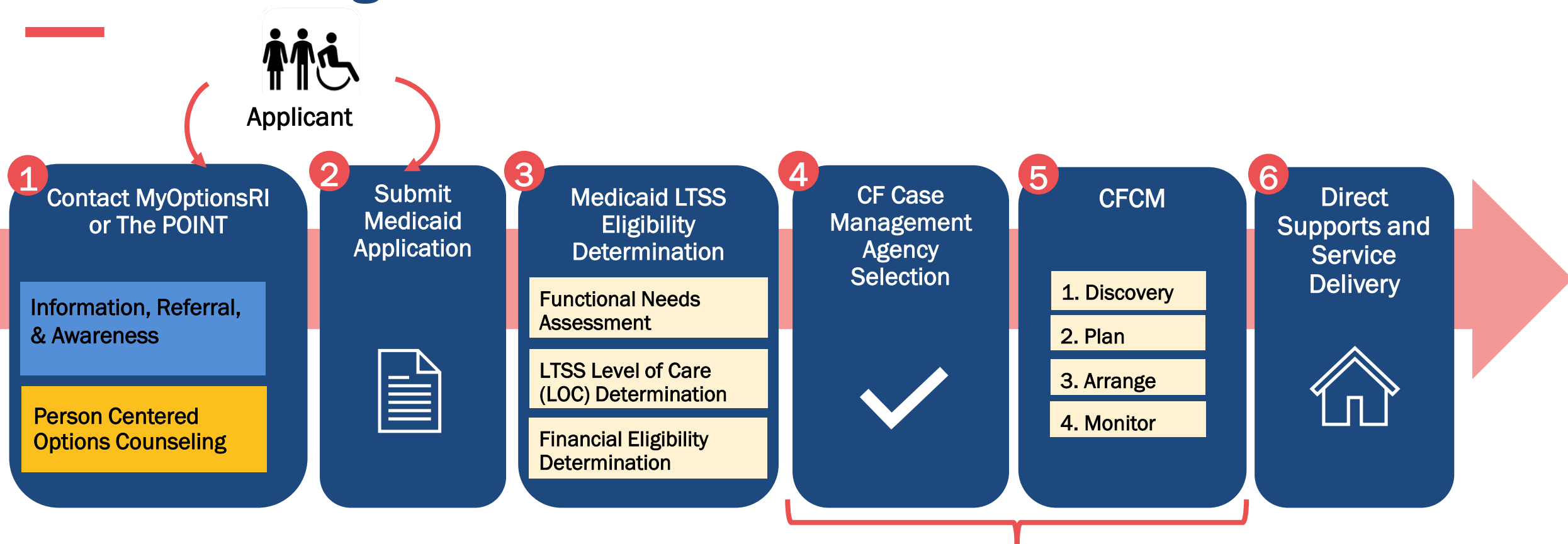


4. Service Standards & Requirements



5. Reimbursement Rates

# CFCM Strategic Plan: Process



- 1. CFCM happens after an applicant is determined eligible for Medicaid HCBS!
- 2. This visual represents the process for receiving CFCM. There is a separate case management process for participants enrolled in PACE, the Medicare-Medicaid managed care duals demonstration, NHTP, BHDDH Health Homes for Behavioral Health, or OHA's At Home Cost Share program.

# CFCM Strategic Plan: Key Roles and Responsibilities

## Medicaid HCBS Participants

1. Choose who they would like to participate in the planning process
2. Participate in the support planning meeting in a way that they choose
3. Communicate their desires, hopes, and dreams for their future
4. Sign the person-centered plan
5. Request changes and approve changes or revisions to the person-centered plan

## State Agency Staff

1. Provide application assistance
2. Complete functional need assessment(s)
3. Complete the initial LTSS level of care (LOC) determination and redeterminations (DD: every 5 years; EAD: every 3 years)
4. Determine eligibility and eligibility renewals
5. Process service authorizations

## Conflict-Free Case Managers

1. Discovery & information gathering
2. Development of the person-centered plan
3. Arranging for services & supports
4. Monitor quality of services and participant achievement of person-centered goals
5. Re-evaluate participant's goals, needs, and preferences at least annually or as needed

## HCBS Providers

1. Gather information and shares it with the CF case manager prior to the person-centered planning meeting
2. Help identify serious risks by providing medical or other historical information
3. Participate in person-centered planning meetings at the request of the person
4. Recommend revisions to the draft person-centered plan
5. Implement the person-centered plan

RI EOHHS anticipates contracting with one or more conflict-free case management agencies to provide CFCM through a competitive request for proposal (RFP).



## Proposed Procurement Strategy

1. RI EOHHS will release a RFI in March 2023 and a RFP in July 2023.
2. Vendors will be required to have capacity to provide and manage CFCM services statewide or by region.
3. RI EOHHS anticipates that its CFCM RFP will include HCBS participants with I/DD and elders and adults with disabilities; therefore, vendors will be expected to serve all HCBS participants with I/DD and elders and adults with disabilities in their assigned region or statewide.
4. Vendor(s) will have the flexibility to establish partnerships with other entities or organizations that will increase their capacity, expand their reach to priority populations or regions, and/or leverage the expertise of existing case management and/or care planning providers.

**OUTSTANDING:** RI EOHHS is in the process of determining the appropriate delivery system for Katie Beckett eligible children.



## Vendor Delivery Models

An entity, agency or organization cannot provide both direct service and case management activities to the same individual.



**Option A:** CFCM agency only



**Option B:** HCBS provider only

# CFCM Strategic Plan: Service Standards & Requirements

RI EOHHS revised its case management service standards to align with best practice and CMS requirements.

## Technology

All conflict-free case managers are required to use the State's LTSS consumer information management system (CIMS) to support CFCM activities.

## Contact Frequency

Minimum contact frequency:

- Annual person-centered planning meeting (face-to-face)
- Monthly non-face-to-face contact with the participant or collateral
- Face-to-face contact with the participant at least once every 6 months

## Agency Requirements

1. Be a public or private not-for-profit or for-profit agency
2. Is certified to provide conflict-free case management services
3. Have a physical location in Rhode Island
4. Have a signed agreement with the State
5. Obtain a National Provider Identifier (NPI) Number
6. Be an authorized Medicaid provider of conflict-free case management services

## Case Manager Requirements

1. Have an associate degree and one year of relevant experience working with the target population for which they are providing case management; OR
2. Have a combination of post-secondary college and two years of relevant experience.
3. Before providing CFCM services, the CF case manager will be required to complete several trainings offered by the State.



# CFCM Strategic Plan: Rate Setting

Guidehouse developed a CFCM reimbursement rate that accounts for the estimated costs to deliver CFCM. Guidehouse’s rate calculation is supported by a rate setting method accepted by CMS.

*RI EOHHS will share its anticipated monthly reimbursement rate with stakeholders once RI EOHHS’s budget is approved by the Governor’s office.*

## Current v. Future State

Category	Current State	Future State
# of Service Rates	EAD: 3 rates DD: 8 tiered rates	1 rate
Service Description(s)	1. Case Management 2. Targeted Case Management 3. Support Coordination 4. Support Facilitation	CFCM
Unit of Measure	15 minutes and monthly	Monthly

## Key Considerations

1. Guidehouse did not use the State’s existing rates given the differences in service requirements and variances in rates.
2. Guidehouse’s rate calculation considered wages of staff, employee related expenses, a supervisor ratio of 10:1, a 100 miles a week assumption, case manager caseloads of 48, administrative costs, program support costs, and an inflationary factor of 14.27%.
3. At the end of SFY 2024, CFCM agencies will be required to submit a detailed cost report for RI EOHHS to assess rate adequacy.

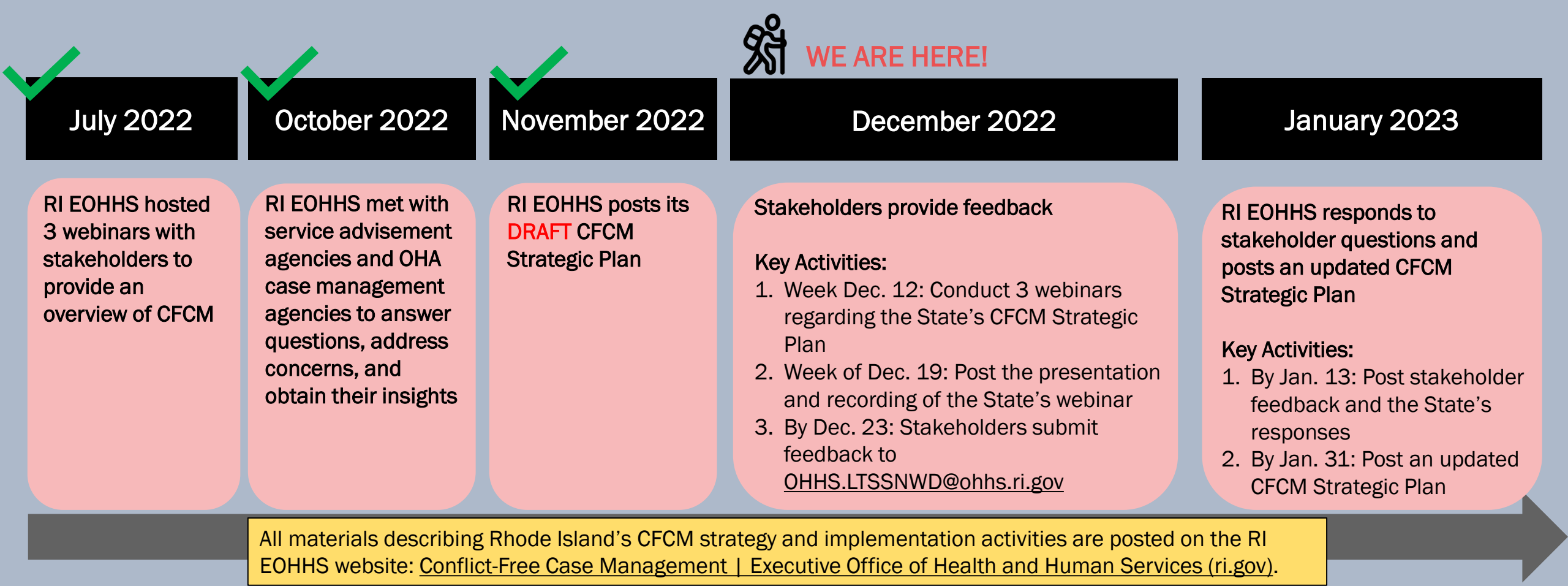
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## Next Steps

# Next Steps



# Stakeholder Input

Stakeholder input is essential for successful implementation of CFCM.

To submit feedback, please email [OHHS.LTSSNWD@ohhs.ri.gov](mailto:OHHS.LTSSNWD@ohhs.ri.gov) by December 23, 2022. The State will review all stakeholder feedback and post an updated CFCM Strategic Plan by January 31, 2023.



## Stakeholder Input Requested

1. Are the State's CFCM goals clear?
2. Does the State's plan meet the needs of Rhode Island's Medicaid HCBS participants?
3. Is it clear how Rhode Island's LTSS system will be affected by this initiative?
4. What do you think of the proposed conflict-free case manager and agency requirements?
5. What challenges or risks should the State be aware of in implementing CFCM?
6. Are there missing components in the State's CFCM Strategic Plan that the State should consider?



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# Questions?

If you have any questions, please use one of the following options:

1. Chat function
2. Verbally (please use the “raise hand” function in Teams)
3. Email [OHHS.LTSSNWD@ohhs.ri.gov](mailto:OHHS.LTSSNWD@ohhs.ri.gov).