



MEDICAID HCBS: CONFLICT-FREE CASE MANAGEMENT (CFCM) FACT SHEET

CFCM Fast Facts

Purpose CFCM will help Medicaid HCBS participants gain access to services, maintain independence at home, and maximize their well-being.

Included CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting.

Excluded HCBS participants who are excluded from the CFCM services system are generally receiving case management and care planning services through an entity that meets or is not subject to the federal conflict of interest provisions. HCBS participants not included in this initiative include:

- 1) PACE participants
- 2) Katie Beckett eligible children
- 3) Other Medicaid income eligible children who receive Medicaid services at home or in the community under the Medicaid State Plan EPSDT provision
- 4) Medicare-Medicaid Plan (MMP) for Elders and Adults with Disabilities (EAD) participants who decide to receive HCBS from their MCO
- 5) Nursing Home Transition Program (NHTP) including Money Follows the Person (MFP)
- 6) Integrated Health Home
- 7) The Office of Healthy Aging's At Home Cost Share program



What Is Changing:

- Current delivery and standards of Medicaid HCBS case management



What Is Not Changing:

- Access to services
- Medicaid eligibility process
- Local knowledge and expertise

WHAT IS CONFLICT-FREE CASE MANAGEMENT?

Conflict-free case management (CFCM) means that the entity assisting a participant to gain access to services is different and separate from the entity providing those services (e.g., a home and community-based (HCBS) provider agency), as a potential conflict may exist if the same entity is providing both case management and the referred service(s). The Centers for Medicare and Medicaid (CMS) established CFCM to promote participant choice and independence by limiting conscious or unconscious bias by a case manager when assisting a participant to access services.

CFCM is a service system that includes the following four core components:

1. *Information Gathering*: A comprehensive review of a HCBS participant's goals, needs, and preferences
2. *Person-Centered Plan Development*: A written person-centered plan that articulates a HCBS participant's care needs, wants, and supports (paid and unpaid) that will assist an HCBS participant in achieving their goals
3. *Connecting to Services & Supports*: Connect the HCBS participant to paid and unpaid supports
4. *Plan Monitoring & Follow-up*: Regular contact to review goal progress & effectiveness of services

WHY NOW?

In 2014, CMS released the HCBS Final Rule requirements. These new requirements were driven by and developed to increase person-centeredness. Part of the HCBS Final Rule (after multiple extensions) required states to have a compliance plan by March 2023.

WHO WILL PROVIDE CFCM?

The State anticipates contracting with one or more CFCM entities to create a network of providers through a competitive request for proposal (RFP).

WHEN WILL THIS HAPPEN?

Beginning January 1, 2024, RI EOHHS estimates that approximately 11,387 HCBS participants are targeted to receive CFCM under this initiative. RI EOHHS will transition HCBS participants into CFCM throughout CY 2024 based on a HCBS Participant Transition Plan.