

Rhode Island CFCM Implementation

Stakeholder Update

May 11, 2023

**RHODE
ISLAND**



Agenda

- 1. Where We Are**
- 2. Key Updates to the CFCM Strategic Plan**
- 3. The Process to Receive CFCM**
- 4. Other Available Materials**
- 5. Next Steps**
- 6. Q&A**

Where We Are

Category	Key Activities	Target Date
Design	RI EOHHS posts an updated CFCM strategic plan	Complete ✓
	RI EOHHS posts a request for information (RFI)	Complete ✓
	RI EOHHS posts a draft HCBS Participant Transition Plan	April 2023 <i>(in process)</i>
Build	RI EOHHS issues a request for proposal (RFP) for one or more CFCM entities	May 2023 <i>(in process)</i>
	RI EOHHS implements a testing period for select I/DD participants	July 2023
	RI EOHHS contracts/certifies CFCM entities	August 2023
	RI EOHHS adopts and fully aligns State rules and regulations	November 2023
	The State's WellSky case management system (WCMS) is live and ready to support CFCM	December 2023
Execute	RI EOHHS begins to transition HCBS participants into the CFCM services system according to the HCBS Participant Transition Plan	January 2024
	All HCBS participants under this initiative are transitioned into the CFCM services system	December 2024

Key Activities Since Jan. 2023

1. Updated the CFCM Strategic Plan based on stakeholder feedback
2. Released an RFI to assess provider capacity
3. Continued regular discussions with CMS regarding the State's Corrective Action Plan
4. Continued to design and develop the WellSky Case Management System
5. Began to develop a CFCM RFP and HCBS Participant Transition Plan

Key Updates to the CFCM Strategic Plan Since Nov. 2022



1. Updated Several CFCM Entity Requirements

1. Business hour requirements: *Be available to HCBS participants during regular business hours (8am-5pm, Monday – Friday) and provide evening/weekend coverage options.*
2. Required deliverables/materials:
 - a. Policies and Procedures Manual
 - b. Start-up plan
 - c. Continuous Quality Improvement Plan



2. Clarified the Target Population

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 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

Process to Receive CFCM

STEP 1



Medicaid Application Submitted

- a. DHS reviews for financial eligibility.
- b. DHS or BHDDH social caseworkers perform the appropriate functional assessment.

STEP 2



CFCM Choice

- a. A DHS or BHDDH social case worker explains CFCM, the range of CFCM choices, and the process of being auto-assigned if the participant does not want to choose a CFCM provider.
- b. Participant choice is recorded in the State's WellSky Case Management System (WCMS).
- c. Once Medicaid eligibility is approved, the participant's choice is automatically sent in the WCMS to the CFCM agency selected.

STEP 3



CFCM Begins

- a. The assigned case manager reaches out to the participant to schedule the initial person-centered planning meeting.
- b. The case manager meets with the participant to help them develop a written person-centered plan.
- c. The participant reviews and approves the person-centered plan.

STEP 4



Services and Supports Provided

- a. The participant's case manager connects them to services according to their written person-centered plan.
- b. RI EOHHS reviews and approves all Medicaid services prior to delivery.
- c. After Medicaid services are approved, the participant begins to receive services and supports.

STEP 5



Ongoing Case Management

- The participant's case manager will:
- a. Conduct monthly check-ins to see how things are going.
 - b. Conduct a face-to-face meeting with the participant at least every 6 months.
 - c. Review and update the participant's person-centered plan at least annually.

Other Available Materials

1. CFCM Fact Sheet

DRAFT – April 14, 2023

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

2. Conflict of Interest Fact Sheet

DRAFT – April 14, 2023

CONFLICT OF INTEREST UNDER MEDICAID HCBS FACT SHEET

Conflict of Interest Fast Facts

Definition Conflict of interest is when a person has competing influences that could affect a decision or action.

Federal Requirements
42 CFR 431.301(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.

42 CFR 441.730(b): Requires that case management activities, including the development of the person-centered plan, must not be performed by any individual or entity who is employed by or has an interest in a provider of services included in the person-centered plan.

42 CFR 431.10: Eligibility determinations can only be conducted by a government agency.

Conflict of Interest in Rhode Island Approximately 7,500 of RI's Medicaid HCBS participants, who fall under CMS's HCBS Final Rule, receive case management that is not conflict-free.

WHAT IS CONFLICT OF INTEREST?

Conflict of interest refers to a real or seeming incompatibility between the private interests and the official responsibilities of a person in trust. In other words, a conflict of interest is when a person has competing influences that could affect a decision or action.

HOW DOES CONFLICT OF INTEREST APPLY TO MEDICAID HCBS?

CMS requires that providers of Medicaid home and community-based services (HCBS), or those who have an interest in or are employed by a provider of Medicaid HCBS, may not provide case management to or develop the person-centered plan for participants receiving services. CMS requires that states have conflict-free case management (CFCM) which means that case management is delivered conflict free (i.e., the case manager does not provide direct services to the same participant).

Conflict of interest does not apply to:

1. State agency staff (unless the state agency staff member is related to or married to the participant).
2. Medicaid programs that have authorized restrictions (such as managed care).

CMS EXAMPLES OF CONFLICT OF INTEREST

1. **Self-Referral:** An organization provides both case management and direct services to the same participant when there are other organizations that could also serve the participant. The case manager has a potential incentive to refer participants to services within his/her own organization as opposed to an outside agency that could be a better fit for the participant in terms of services provided or location.
2. **Quality Oversight:** In the same situation as above, due to the case manager needing to assess the performance of coworkers, there is also potential for conflict of interest for the case manager in ensuring that supports and services are being provided in a high-quality manner in accordance with the person-centered plan.
3. **Steering:** A case manager may, due to their conscious or unconscious opinion in the best interest of a participant, steer towards or away from certain providers or services, which could artificially limit the available pool of providers or set of available services.

WHAT WILL RHODE ISLAND DO TO PREVENT CONFLICT OF INTEREST?

1. Implement conflict-free case management for Medicaid HCBS participants starting January 2024.
2. Create uniform assessment and referral tools to ensure equal treatment across HCBS providers.
3. Provide ongoing quality monitoring and oversight by state staff.
4. Continue to conduct all Medicaid HCBS eligibility determinations by state staff.

3. CFCM Flyer for Participants

(To post by 5/12)

Medicaid Conflict-Free Case Management

Changes are coming to case management for people with disabilities, older adults, and people with intellectual and developmental disabilities

1 What does this mean for me?

- Your case management services must be provided by someone who does not also deliver your direct support services.
- Case management is focused on you.
- Your case manager will help you find community supports so you can meet goals you have for your life.

2 Who will provide my case management?

- You will be able to pick a case management agency from a list provided by the State.
- If you do not pick an agency, one will be selected for you.

3 How does this affect me?

- For some people, case management will be a new service.
- Others may need to choose a new case management agency.

4 Why and when do things have to change?

- Federal law requires service providers to be separate from the case management role.
- The change will gradually start for most people in January 2024.
- You will be contacted before any changes are made.

For more information, please visit the Rhode Island Executive Office of Health and Human Services website ([Click here](#))

All materials describing Rhode Island's CFCM strategy and implementation activities are posted on the RI EOHHS website: [Conflict-Free Case Management | Executive Office of Health and Human Services \(ri.gov\)](#).

Immediate Next Steps

1. Post the CFCM flyer for participants and the State's corrective action plan with CMS
(Complete by May 12, 2023)
2. Begin to test components of the State's WellSky Case Management System
(Complete in late May 2023)
3. Post a draft HCBS Participant Transition Plan
(Post in May 2023 pending CMS review and approval)
4. Begin the RFP and contracting process
(Post the RFP in June 2023 pending RI Purchasing review/approval)
5. Begin to develop and identify trainings to support conflict-free case managers, Medicaid HCBS participants, and HCBS providers
(Start in June 2023)
6. Conduct a stakeholder meeting
(Anticipated in June 2023)



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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.