RI CFCM Implementation
Stakeholder Feedback Received from December 2022 through January 2023
Date Last Updated:** **February 17, 2023
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Ref. #	Stakeholder Theme	Submitting Party Name	Stakeholder Affiliation	Question(s)/Comment(s)	RI EOHHS Response
1	Assessments / Person-Centered Plan	Care Transformation Collaborative of Rhode Island	Care Transformation Collaborative of Rhode Island	Making sure that plans for care are consumer driven and conflict free are important components of this strategic plan. What happens when the consumer driven care plan doesn't align with what can be realistically provided by an organization based on payment rates?	The person-centered plan will capture a person's goals and preferences as well as the range of services available to meet them and associated risks. Case management staff will be trained at length to assist HCBS participants in understanding the scope of Medicaid covered services and help them identify alternative avenues for obtaining non-covered services they may want. Additionally, one of the purposes of the risk discussion is to identify areas when needs, wants and authorized services may be misaligned.
2	Assessments / Person-Centered Plan	Linda N. Ward	Opportunities Unlimited, Inc.	The section of behavioral interventions p. 45 is problematic. The CFCM will review behavioral support plan every 6 months – what are their qualifications to do so? Behavior supports plans currently are written by a psychologist after completing a functional analysis and reviewed with the individual and guardian (if one), DDO administrator and if any "restraint" may be used, it is reviewed by a Professional Review Committee and nurse. Unless CFCM has background in behavior support treatment plans, I question their ability to assess appropriateness and effectiveness of a behavior support plan.	The conflict-free case manager will not assess the appropriateness or effectiveness of a behavioral support plan. The role of the conflict-free case manager is oversight and that requires reviewing the behavioral support plan to better understand the participant's needs and to identify whether there might be a misuse or misapplication of restraints or restrictive interventions. This will be clarified in the updated CFCM Strategic Plan.
3	Assessments / Person-Centered Plan	Marissa Ruff	SA - Seven Hills	Who's doing the initial assessment? Provider? State? CFCM?	State agency staff will complete the functional needs assessment as part of the eligibility determination process. Case managers will have access to the completed assessment. For elders and adults with disabilities, the standardized functional assessment tool is the InterRAI 10 for Home Care. For people with intellectual and developmental disabilities, the functional assessment will be the SIS-A and supplemental materials as appropriate.
4	Assessments / Person-Centered Plan	Marissa Ruff	SA - Seven Hills	Care plan is equally about how providers support the person and not just ADL's etc. Want to make sure everything is considered and written into the standards.	RI EOHHS agrees with the commenter's statement and looks forward to working with community providers to ensure that the person-centered plan developed in the CFCM process and the HCBS provider service plan that implements the person-centered plan are coordinated and complementary.
5	Assessments / Person-Centered Plan	Marissa Ruff	SA - Seven Hills	What assessment tool is going to be used for the CFCM assessment?	There is some confusion over the use of the term "assessment". The State uses the term to apply to the instruments used to determine a person's functional status and the scope, amount, and duration of Medicaid covered HCBS that a person is eligible to receive. There are two functional needs assessment tools that State staff will complete. This varies by population. - For elders and adults with disabilities (EAD): InterRAI for Home Care - For intellectual and developmental disabilities (I/DD): SIS-A Certified CFCM entities will use the results of these assessment tools as part of the "Information Gathering" process. This process is also sometimes referred to as an assessment, but for clarity's sake, we will use Information Gathering in the updated CFCM Strategic Plan. The CFCM Strategic Plan will be updated to describe all of the different assessment tools used by State staff, case managers, and HCBS providers.
6	Assessments / Person-Centered Plan	Marissa Ruff	SA - Seven Hills	Who's doing the nursing assessment?	The CFCM Strategic Plan will be updated to describe all of the different assessment tools used by State staff, case managers, and HCBS providers.
7	Assessments / Person-Centered Plan	Suzanne Carson	SA	Pg. 45 9.2 2nd paragraph, "CF case manager must review the behavioral support plan." It sounds like this is a very particular plan for a very specific population. And needs to be conducted by someone who has a passion for	The conflict-free case manager will not assess the appropriateness or effectiveness of a behavioral support plan. The role of the conflict-free case manager is oversight and that requires reviewing the behavioral support plan to better understand the participant's needs and to identify whether there might be a misuse or misapplication of restraints or restrictive interventions. This will be clarified in the updated CFCM Strategic Plan.
8	Caseload	Amy Grattan; Morna A. Murray; Kevin Nerney	Sherlock; Disability Rights RI; RI Developmental Disabilities Council	The final state plan must include: Realistic expectations regarding caseloads that consider not only the number of participants each facilitator works with, but how often that facilitator will be available to each individual based on their caseload.	RI EOHHS caseload estimates are an average and may fluctuate based on the needs of the participants being served. RI EOHHS will reassess caseloads and its reimbursement rates after the program is up and running for 1-year. We are committed to ensuring that the CFCM network has the capacity to provide every HCBS participant with equitable access to services.
9	Caseload	Samuel Salganik	RIPIN	Caseloads: While the average caseload of 48 seems reasonable for most of the populations we serve, the right caseload targets can vary widely by population. For adults with I/DD with no family caregivers, for example, our understanding is that some caseloads are more in the ballpark of 10, because the case manager has primary responsibility to handle many unexpected circumstances.	The State heard many similar comments about the greater needs of certain populations and the relative impact on case load limits. As part of our due diligence, we conducted an extensive analysis of the data on current utilization rates across populations and found that there was no empirical evidence to support this view. We found that there is great variation in the level of effort required for CFCM within and across populations and that, in general, time commitment per participant in a caseload tends to balance out over time. Note, we were also harshly criticized by several stakeholder groups for suggesting people with disabilities might have greater needs that require a higher commitment of CFCM. However, RI EOHHS caseload estimates are an average and we recognize they may fluctuate based on the needs of the participants being served. Therefore, the State will reassess caseloads and its reimbursement rates after the program is up and running for 1-year.
10	CFCM Procurement and Contracting	Allegra Scharff	RIDOH	Could you clarify the procurement process and how that aligns with the conflict free goals. Who would be eligible to apply to do CFCM?	The procurement process is described in section 6.1 of the CFCM Strategic Plan. In general, an entity that is assessing Medicaid level of need or providing Medicaid HCBS to a participant is ineligible to be a CFCM provider.
11	CFCM Procurement and Contracting	Deb Burton	RI Elder Information	How does an organization become certified as a CFCM agency?	Certification standards will be set forth in the RFP. Selected vendors will be required to meet all of the certification standards.
12	CFCM Procurement and Contracting	Deb Burton	RI Elder Information	Earlier in this document it stated RFP respondents must be able to cover the entire state as its own entity or with collaborators. Would agency A be able to provide CFCM for clients of Agency B and Agency B be able to provide CFCM for Agency A's clients?	The EOHHS is open to discussions about CFCM agency partnerships/collaborations to ensure statewide reach. However, every entity participating in such a collaboration must meet the conflict-free standards. The State believes it would be unrulily burdensome to build and monitor firewalls that adhere to the conflict free provisions of the final rule if HCBS direct service providers are involved in such a partnership -- e.g., Agency A provides direct services to HCBS participants receiving CFCM from Agency B and vice versa -- due to their overlapping fiduciary interests.
13	CFCM Procurement and Contracting	Debra Hurwitz	Community Provider Network of Rhode Island	Scale down the Statewide approach to an agency-led approach. I.e., BHDDH implements a plan with consistent policy and practice that meets the needs of the populations they are responsible to serve. For example, the developmental disability system currently has independent assessments and State case managers attend and participate in a team-based approach to development of a PCP. Adoption of an approach that builds upon this strength by adding an independent facilitator or brokerage services during the PCP process would ensure conflict is mitigated.	RI EOHHS chose to pursue a statewide approach subsequent to several agency led efforts that did not succeed. We are confident that the implementation roadmap set forth in the Strategic Plan builds on the system's existing strengths, but only to the extent that they comply with federal regulations and promote equitable access across populations.
14	CFCM Procurement and Contracting	Jennifer Raphael-Guzman	Ridge Street Group Home	Are there identified CFCM Agencies established at this time?	RI EOHHS has not identified CFCM agencies; however, RI EOHHS will release a request for information (RFI) to identify interested CFCM bidders.
15	CFCM Procurement and Contracting	Linda N. Ward	Opportunities Unlimited, Inc.	To expect an agency providing CFCM to be able to serve all populations covered seems unrealistic. Even with the ability to partner with others, capacity in the service system now is stretched to the limits.	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. RI EOHHS's goal is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs through the life cycle. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that many Medicaid HCBS participants are receiving limited or no case management services. Our goal is to raise the bar for these services statewide for all populations.
16	CFCM Procurement and Contracting	Marissa Ruff	SA - Seven Hills	Can an agency apply for the CFCM RFP and change the way they provide service? Become the Case management entity verse the service provider entity?	Yes.
17	CFCM Procurement and Contracting	Marissa Ruff	SA - Seven Hills	Is the CFCM RFP going to be awarded to various entities by region and/or service or is it going to one entity to support all home based community services?	Our goal is to create a network of CFCM certified entities that will ensure access and choice statewide across populations. We encourage our community partners to work together toward this end. Accordingly, RI EOHHS anticipates contracting with one or more CFCM agencies.
18	CFCM Procurement and Contracting	Marissa Ruff	SA - Seven Hills	Is the RFP going to be one or multiple providers for CFCM agencies?	Our goal is to create a network of CFCM certified entities that will ensure access and choice statewide across population. We encourage our community partners to work together toward this end. Accordingly, RI EOHHS anticipates contracting with one or more CFCM agencies.

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19	CFCM Procurement and Contracting	Pat Lindquist	SA - Seven Hills	is there going to be one facilitator of CFCM in Rhode Island or will there be several selected based on Type of service....self direction, DDO, Traumatic Brain Injury etc.? and when will the RFP be coming out?	Our goal is to create a network of CFCM certified entities that will ensure access and choice statewide across populations. We encourage our community partners to work together toward this end. Accordingly, RI EOHHS anticipates contracting with one or more CFCM agencies.
20	CFCM Procurement and Contracting	Peggy Terhune	Unknown	When will people apply to become a case management agency? Will there be a specific new application?	RI EOHHS will release an RFI to identify interested CFCM bidders. Please see the State's website for an up-to-date implementation schedule: https://eohhs.ri.gov/initiatives/ltss-no-wrong-door/conflict-free-case-management-and-person-centered-planning-cfcmpcp
21	CFCM Procurement and Contracting	Samuel Salganik	RIPIN	Limited Target Populations: We recommend considering allowing some CFCM providers to serve limited target populations. This can improve quality be creating a system where potential providers with deep expertise and relationships in particular communities can focus on what they are good at. o We understand that the plan contemplates some subcontracted CFCM vendors with limited service populations or service areas. That model, though, seems to offer more downsides (cost, complexity, bureaucracy, QA, etc.) than upsides (potentially administrative convenience for State?), as compared to allowing some CFCM providers with limited target populations to contract directly with the State.	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. At this point, our goals is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that nearly half of all Medicaid HCBS participants are receiving no case management or person-centered planning services today. Our goal is to raise the bar for these services statewide for all populations.
22	CFCM Procurement and Contracting	Samuel Salganik	RIPIN	We will continue to watch developments carefully, but our initial impression is that this might not be the best for RIPIN (regardless of the reimbursement rate). Primarily, the proposed system makes it very difficult for the providers to take a small bite. We might be excited to support certain populations or try it at a certain scale, but be less willing to serve all populations statewide. Other potential providers may share that view. We are also not sure that this model fosters the flexible support and advocacy that RIPIN loves to provide.	RI EOHHS appreciates your input and encourages you to work with other community partners to leverage your expertise and resources.
23	CFCM Procurement and Contracting	Samuel Salganik	RIPIN	Question - The plan (and Ann) said that CFCM agencies will need to be able to serve ALL eligible populations. Is that driven by the federal rule? If not, what's the logic/reasoning behind that design choice? Feels like some agencies will have natural expertise with different populations?	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. RI EOHHS's goal is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs through the life cycle. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that many Medicaid HCBS participants are receiving limited or no case management services. Our goal is to raise the bar for these services statewide for all populations.
24	CFCM Procurement and Contracting	Sousa, Lena (BHDDH)	State Staff	I have been doing research on other states and how they have implemented CFCM. In speaking to some of the other workers, we feel it's a bit cold and that we won't be that involved. My thoughts are having the State be the case management entity. I know that in BHDDH does not have enough people but my thoughts are that DHS, LTSS and BHDDH will all be using the same system that maybe we can combine staffing. There are 2 different ways that I was thinking of. 1)Combining the workers, we can all have a lower caseload that is manageable and the eligibility III techs could be for walk-ins. If we are all on the same system, a worker can do the waiver, snap and any other authorizations. Most of our individuals that are receiving OHHS services are working with multiple of the agencies within OHHS. It can be very streamlined. 2)A team consisting of a SCWII and 2 SCWI's (or a team of SCWII, SCWI and eligibility tech) having a caseload of around 100 to do the case management. One person can do the authorizations, referrals, quality assurance while the other 2 follow up with individuals to make sure that they are receiving the services they want/need and if anything else is needed. And a separate entity for plan writers and PCP. We would need more plan writers for the state but I think that would be feasible because some will move over from the agencies	RI EOHHS has carefully considered all its options for staffing CFCM in a manner that ensures equity in access across populations. State staffing requirements for full implementation were considered as part of this process.
25	CFCM Procurement and Contracting	Sue	Unknown	How will Case Managers be identified and/or recruited? Who will lead this activity?	RI anticipates that existing case managers and new case management agencies will enter the market to provide CFCM. RI EOHHS will release a request for information (RFI) to identify interested CFCM bidders. Our goal is to develop a procurement strategy that leverages existing expertise and experience to the full extent feasible.
26	CFCM Procurement and Contracting	Suzanne Carson	SA	To expect the CFCM to serve all HCBS consumers with I/DD and elders, on every service delivery LTSS option is worrisome. Every population has its own nuisances and specialties. Even though this initiative is promoting person-centered planning, the state is at risk of losing person centered ness by having a Case Manager who is unfamiliar with certain populations needs and wants. In reference to pg. 25 "the CF role is to provide education and information to support participants in the person-centered planning development." From a Case Management perspective, navigating the needs and desires of a person who is over 65 vs. under 65 with IDD is absolutely different. A disservice would be provided to goal development when the case manager is not specialized. Each consumer group have very different needs, wants and goals. Not all agencies are able to serve all populations or have the expertise to do so and not all case managers want to work with specific populations.	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. RI EOHHS's goal is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs through the life cycle. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that many Medicaid HCBS participants are receiving limited or no case management services. Our goal is to raise the bar for these services statewide for all populations.
27	CFCM Procurement and Contracting	Suzanne Carson	SA	•Suggestion is to put more emphasis on the giving the CFCM better access and information to the different LTSS service delivery options settings. If the CFCM is well versed in the different setting options, the CFCM can identify the needs and link them to the appropriate setting and Case Manager who well versed in that setting option. Possibly allowing the consumer choice in transferring to an agency who is specialized in that setting. Specialized CFCM based on LTSS service setting and general populations will provide enhanced Case Management and goal developing to the consumer.	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. RI EOHHS's goal is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs through the life cycle. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that many Medicaid HCBS participants are receiving limited or no case management services. Our goal is to raise the bar for these services statewide for all populations.
28	CFCM Procurement and Contracting	Suzanne Carson	SA	Allow Conflict Free CM provider agencies to apply for general populations and specific LTSS service delivery setting. Agencies that are currently providing case management have the expertise and experience in that setting and population.	RI EOHHS will take this under consideration as it updates its CFCM Strategic Plan. RI EOHHS's goal is to establish a CFCM network with multiple certified entities, each of which has the capacity to serve people with varying needs through the life cycle. We strongly encourage our community partners to work together to leverage and share their expertise to ensure all HCBS participants have access to high quality CFCM. The focus on targeted populations that currently exists has led to significant inequities in access and resources and, to such an extent, that many Medicaid HCBS participants are receiving limited or no case management services. Our goal is to raise the bar for these services statewide for all populations.
29	CFCM Procurement and Contracting	Mary Beth Cournoyer	Parent	Contracting Section- change language to EOHHS anticipates contracting with two or more conflict free case management agencies. This demonstrates that individuals will have a choice and not be restricted to one agency.	RI EOHHS is committed to promoting choice and will reassess its approach to contracting after the State releases its RFI.
30	CFCM Service Requirements	Amy Grattan; Morna A. Murray; Kevin Nerney	Sherlock; Disability Rights RI; RI Developmental Disabilities Council	We use the term facilitator as the person guiding the process, but other people utilize different terms. We should also ensure that all terms, roles, and responsibilities are fully understood by all involved.	RI EOHHS appreciates the commenter's feedback and will make an earnest effort to more clearly define the roles and responsibilities as we implement CFCM.
31	CFCM Service Requirements	Amy Grattan; Morna A. Murray; Kevin Nerney	Sherlock; Disability Rights RI; RI Developmental Disabilities Council	The final state plan must include: Detail regarding the types of partnerships conflict free case management facilitators can establish with other organizations, to ensure the very conflicts the system seeks to eliminate do not recur.	This will be clarified in the State's RFI.

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32	CFCM Service Requirements	Deb Burton	RI Elder Information	Given that the CFCM is dependent on the persons ability to receive Medicaid's home and community supports shouldn't this be "in addition to" instead of "in lieu of"?	This language will be added to the updated CFCM Strategic Plan.
33	CFCM Service Requirements	Deb Burton	RI Elder Information	How is "respond to crisis" defined?	Crisis will be defined in the updated CFCM Strategic Plan.
34	CFCM Service Requirements	Deb Burton	RI Elder Information	Should this be HCBS staff since its the CFCM that is taking the action? Should this also include supporting the client in getting medical help as needed, notifying police, obtaining legal services and supporting through any criminal prosecution of abuser?	Current responsibilities for reporting and managing critical incidents and safety risks will not change.
35	CFCM Service Requirements	Deb Burton	RI Elder Information	Recommend changing the specification of HCBS to ALL providers. To receive competent, considerate, respectful care from all providers	RI EOHHS will clarify this language in its updated CFCM Strategic Plan
36	CFCM Service Requirements	Deb Burton	RI Elder Information	Add to the list- To live in the least restrictive environment	This language will be added to the updated CFCM Strategic Plan.
37	CFCM Service Requirements	Deb Burton	RI Elder Information	Word edit: If they do not pay,	This language will be added to the updated CFCM Strategic Plan.
38	CFCM Service Requirements	Deb Burton	RI Elder Information	How will EOHHS do this for the protection of the entire adult population who will fall into the CFCM service population?	This is part of the State's critical incident management process.
39	CFCM Service Requirements	Deb Burton	RI Elder Information	How will the CFCM managers help an individual develop relationships w/peers?	Each participant's needs and goals are unique. Conflict-free case managers will provide assistance in identifying opportunities for peer interaction through existing services for any participant who identifies greater involvement with peers as a goal.
40	CFCM Service Requirements	Deb Burton	RI Elder Information	How is this envisioned happening for homebound older adults who are at significant risk of loneliness and isolation?	Medicaid LTSS does cover services that are designed to address isolation and loneliness. CF case managers will be trained to assist participant's in arranging such services if that is what a participant wants and needs as well as to help them identify any non-Medicaid covered services available that facilitate social interaction.
41	CFCM Service Requirements	Deb Burton	RI Elder Information	Who determines the Minimum Standards? When will these standards be released? How will this be monitored to ensure CFCM agencies continue to meet these standards over time? This will be helpful when RFI is sent out in March 2023 and RFP in July	Case manager and case management agency standards are described in the CFCM Strategic Plan and will be part of the State's RFP. Minimum standards were set by CMS and RI EOHHS in consultation with national experts.
42	CFCM Service Requirements	Deb Burton	RI Elder Information	If a person is unable, unwilling, or not familiar enough with the CFCM agency to make an informed choice- Will this auto-assignment algorithm be created with RI's regionalism ("too far away") in mind? This will impact the client as well as an agencies ability to retain staff. Will the CFCM have the option to pause auto-referrals if they have a staffing shortage?	HCBS participants will have a choice of CFCM providers. The auto-assignment algorithm for those without a choice will be defined in the State's RFP and, depending on the results of the RFI, may include region of residence as a factor.
43	CFCM Service Requirements	Deb Burton	RI Elder Information	I recommend removing "that can be available" and changing to all supports that "are" available. A person-centered plan should involve a conversation about what is actually available to set realistic expectations and foster a greater sense of independence. For example-a person may WANT a homecare CNA 8pm-10pm on weekends in South County. What is likely currently available is no one or a CNA at a different time.	An important aspect of the person-centered thinking and planning training the CF case manager will receive focuses on the gap between wants/needs and available Medicaid services, non-covered services, and community and caregiver informal supports. RI EOHHS will track services that are not available or inaccessible in the State's WellSky Case Management System to assess provider capacity.
44	CFCM Service Requirements	Deb Burton	RI Elder Information	Will the information provided during the PCOC and the eligibility process be available to the CFCM providers prior to meeting with the client?	Yes
45	CFCM Service Requirements	Deb Burton	RI Elder Information	Are there things others admire about me?How is this question relevant to CFCM?	There is a vast body of scientifically sound research on person-centered thinking that guided the development of the forms and procedures we have adopted as part of CFCM. This question is considered to be essential for understanding a participant's view of themselves in relationship to environments and has relevance for helping identify the need for behavioral health supports and an appropriate service environment when considered in relationship to key questions in the functional assessment. It is also a well-tested benign ice-breaker.
46	CFCM Service Requirements	Deb Burton	RI Elder Information	Isn't this a duplicate of the State Agency work needed to be approved for Medicaid?	No. The functional assessment conducted by the State focuses on health needs and limitations and is used to determine the scope, amount, and duration of services authorized under Medicaid LTSS. The functional assessment is part of the eligibility determination process. The CF case manager helps a participant develop goals and choose from the array of available Medicaid services any of which will enable the participant to achieve their goals.
47	CFCM Service Requirements	Deb Burton	RI Elder Information	Obtaining signatures from multiple care providers can delay the process. Can verbal affirmation be accepted? For example, the 87 year old homebound client's daughter will help her at night but the daughter works during the day so getting her the paperwork to sign may be impossible. Also, informal care providers could balk at signing that they are responsible for providing "X" amount of care. If the informal caregivers who sign to provide "X" care do not provide the care-Could they be charged with neglect because their signature on the document creates a "duty to care"? Example-neighbor will bring dinner to client but neighbor goes on vacation.	RI EOHHS will provide additional information on signatures as the State's WellSky Case Management System is closer to production. We are considering all options at this point and will take your concerns into consideration.
48	CFCM Service Requirements	Deb Burton	RI Elder Information	What is the certification process?	The certification process will be described as part of the State's RFP.
49	CFCM Service Requirements	Deb Burton	RI Elder Information	Providing weekend and evening coverage may pose a staffing issue for CFCM agencies.	RI EOHHS will consider this comment as part of the RFI when assessing overall capacity for CFCM.
50	CFCM Service Requirements	Deb Burton	RI Elder Information	NOT CONSISTENT WITH ABUSE REPORTING LAW 42-66-8	This requirement is referring to a complaint or grievance and is not related to abuse.
51	CFCM Service Requirements	Deb Burton	RI Elder Information	This needs much further clarification for older adults and individuals with disabilities. This is particularly important for individuals with dementia residing in the community who wander.	All existing federal and state regulations and rules will be strictly adhered to without exception. Further clarification will be provided in the final Strategic Plan with appropriate legal citations.
52	CFCM Service Requirements	Deb Burton	RI Elder Information	What does this mean?	RI EOHHS is having ongoing discussions with Health Homes for Behavioral Health to determine how federal requirements regarding person-centered planning apply to health homes.
53	CFCM Service Requirements	Deb Burton	RI Elder Information	Will clients be educated on the information on the RIDOH website or CMS Compare?	This will be part of the person-centered planning process as applicable.
54	CFCM Service Requirements	Deb Burton	RI Elder Information	What is the definition of "whole life health homes"?	All Health Homes are "whole life" by definition under applicable federal law. For clarity's sake, the term will be replaced with the one used by BHDDH -- Integrated Health Homes (IHH). RI EOHHS will also add a definition of IHH.
55	CFCM Service Requirements	Deb Burton	RI Elder Information	1. How will the homebound elderly and/or disabled adults receive assistance to complete the application? Many live alone, lack support, lack sufficient literacy, and physical ability to complete the 42 page application, make copies of the necessary government documents, get an envelope large enough to put the items in and get the package to the post office. 2. How many languages will the application be available in?	This initiative is focused on the CFCM process only. That said, there is not a separate or additional application form for CFCM. Rather, CFCM is a step in the process that begins with an application for Medicaid LTSS and continues through service delivery. Please refer to the CFCM Strategic Plan for a flowchart. All LTSS applicants must complete the DHS-2 or the on-line application available through HSRI and be evaluated for eligibility through existing processes. CFCM does not occur until after the functional assessment component of the eligibility process is complete. CFCM entities are expected to have multi-lingual staff, this will be described in the State's RFP for CFCM. As EOHHS is overseeing the CFCM network, all materials shared with participants will be translated into the required languages including Spanish and Portuguese. Translation services currently available to LTSS applicants and participants will continue to be accessible under the CFCM process.
56	CFCM Service Requirements	Deb Burton	RI Elder Information	Will the HIPAA/PHI releases signed for the Medicaid application be applicable for this or will new ones be needed which can cause a delay in obtaining information needed for successful person centered planning?	Our goal is to minimize the need for additional forms to the full extent feasible. We are reviewing the existing forms to determine whether an amendment is sufficient to cover CFCM. RI EOHHS is consulting with its legal team on this matter and will provide an update to stakeholders once a decision has been made.

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57	CFCM Service Requirements	Deb Burton	RI Elder Information	"When needed" Are there specific events that will trigger an automatic mandatory renewal? For example-an elder falls, is admitted to short-term skilled care and then discharged to home. Within what time frame would the update need to be completed and what entity will notify EOHHS of a change in status? Will the CFCM agency be allowed to engage with the individual while in skilled care in preparation for person-centered planning when they arrive home?	Person-centered plans will be updated annually, as appropriate, upon completion of the required annual reassessment and, as noted, when necessary. The scenario you describe does not trigger an automatic renewal. However, such an incident would typically result in a reassessment of functional needs outside of the annual cadence. The standards and business process for conducting reassessments is established in EOHHS regulations and will remain as is pending further review in conjunction with the implementation of CFCM. Current practice is as follows: A significant change may include: 1. Loss of a primary caregiver or legal representative in self-directed 2. An acute medical condition or behavioral health change that results in hospitalization or outpatient surgery or a short skilled nursing stay 3. Change in service needs that would change current level of care determination (increase or decrease). 4. Participant indicates there is a change in their service preference(s) 5. Change or deterioration in the participant's condition based on a clinical assessment 6. Change in residence 7. Participant choice not to use an authorized service CF case manager may contact the participant when receiving skilled care if pre-authorized to do so in the person-centered planning process and/or when requested by an authorized representative of the participant if no pre-release exists. Contact with a provider in such cases is expected.
58	CFCM Service Requirements	Deb Burton	RI Elder Information	Will transportation be provided to peer activities?	Implementation of CFCM will not have an impact on currently available services. Transportation services covered by Medicaid LTSS will continue without change once CFCM implementation begins. Questions about other non-Medicaid covered forms of transportation should be referred to the appropriate agency.
59	CFCM Service Requirements	Deb Burton	RI Elder Information	Will the State be obtaining written documentation of whom the legally appointed guardian is? Will the State, as part of person centered option counseling, or CFCM, be strongly encouraging the individual to name someone as their Health Care Power of Attorney? Will/would the CFCM agency case worker become part of an individuals legal supportive decision making team? Will/would the CFCM agency be able to make referrals to the Volunteer Guardian program when a person is not able to make their own decisions and do not have a health care power of attorney? (for example-individuals with dementia, stroke, TBI)	The names of legal representatives and authorized representatives are requested in the Medicaid LTSS application and verified in the assessment process. This information will be available to CF case managers. The RI EOHHS has not discussed the role of CFCM in promoting power of attorney declarations and the Volunteer Guardian Program. The expectation is that the CF case manager would make appropriate referrals upon request. As noted throughout the Strategic Plan, the RI EOHHS is committed to building a person-centered CFCM system that respects self-direction and determination and will follow existing state law, regulations and policies pertaining to a participant's right to make health decisions.
60	CFCM Service Requirements	Deb Burton	RI Elder Information	A HCPOA is only in effect when the person is not able to make their own decisions and would not have the authority to approve or disapprove a plan. Perhaps this should include wording regarding supported decision makers. A Guardian or Trustee would have the authority, and depending on how the court orders it, the person may not have the right to approve or disapprove their own care plan..	The RI EOHHS expects CFCM entities to adhere to federal and State laws, regulations and policies on the role and responsibilities of HC POAs, guardians and trustees.
61	CFCM Service Requirements	Deb Burton	RI Elder Information	Will the CFCM have a copy of the Health Care Power of Attorney or Guardianship documents?	The CF case manager will have access to such documents only to the extent that federal and state law, regulations and policies allow.
62	CFCM Service Requirements	Deb Burton	RI Elder Information	To streamline the redetermination processes could this be made consistent every 5 years for people over age 65? (At a certain age one is no longer considered disabled vs "retired" by the government)	The Strategic Plan focuses on implementation of CFCM. Changes to the eligibility process for LTSS are being addressed in other forums, including the length of continuing eligibility. More information on this will become available in the months ahead.
63	CFCM Service Requirements	Deb Burton	RI Elder Information	How will this be achieved for individuals residing in Memory Care Assisted Living?	The RI EOHHS currently has a process in place for evaluating the acuity needs of participants seeking Medicaid LTSS in an assisted living community. No change in this process is expected with the implementation of CFCM.
64	CFCM Service Requirements	Deb Burton	RI Elder Information	How will the lack of availability of home care staff be addressed? There are individuals who have been on wait-lists over a year waiting for a home care agency to have staff for them-what is the role of the CFCM agency in this situation?	RI EOHHS is mindful of continuing workforce shortages across its HCBS providers. The Strategic Plan focuses on implementation of CFCM. Workforce issues are being addressed at considerable length in other RI EOHHS initiatives. Additional information on this topic is available on the RI EOHHS website.
65	CFCM Service Requirements	Janet	Unknown	If I recall correctly. I heard that there are certain credentials requirements to be a CFCM? If so what are they?	Case manager and case management agency requirements are described in the CFCM Strategic Plan.
66	CFCM Service Requirements	Linda N. Ward	Opportunities Unlimited, Inc.	P. 33 –"Versions sent to HCBS providers include only the necessary information for the coordination, provision and reimbursement of Medicaid HCBS as to assure privacy of the participant" – who decides what is important? Many people receiving services have histories that are critical to know to provide appropriate level of supports and services AND are we not taking about the "whole person"?	In general, the information shared with the provider will include details from the functional assessment that are relevant to the implementation of the plan. Eligibility information related to income and resources and other personal information of the participant and family members will not be shared. Otherwise, the Medicaid participant will determine in the person-centered planning process what is important to and for them and how the services and supports included in plan will address both their needs and preferences for the delivery of services and supports.
67	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Critical incidents- who oversees this?	There will be no changes in current responsibilities for critical incident reporting.
68	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Who is responsible for redeterminations? Who is doing the redeterminations? Provider agency or CFCM?	The responsibilities of state staff for making initial and continuing eligibility determinations will not change.
69	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Clarification on who's doing options counseling-- DHS or CFCM?	Once a participant is determined Medicaid HCBS eligible, options counseling will be provided by the conflict-free case manager. Person-centered options counseling (PCOC) is available to participants prior to application submission. PCOC is provided through MyOptionsRI.
70	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Adding one more person into a person's supports- this will add confusion. How will this be explained to consumers?	The State's communication strategy and timing of outreach efforts will be described in more detail in the State's Participant Transition Plan.
71	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Who coordinates with Fiscal agencies? Provider or CFCM?	RI EOHHS is in the process of defining this process. Fiscal agencies will coordinate with the CFCM or a Support Broker.
72	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	What is the content of the CFCM monthly call to the consumer? How is it different than the SA monthly call?	The conflict-free case manager monthly contact is to touch base with the participant as part of ongoing monitoring of the participant's person-centered plan. The goal is to ensure that the participant or his or her designee has continuing input and to address any new or changing needs or goals. This process is described in detailed in the CFCM Strategic Plan.
73	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Who's going to upload spending plans [related to personal choice and IP]	RI EOHHS is in the process of defining this process.
74	CFCM Service Requirements	Nicholas Oliver	RI Partnership for Homecare	Will there be any changes to the appeals process as a result of CFCM?	No
75	CFCM Service Requirements	Nicholas Oliver	RI Partnership for Homecare	Are case managers resuming home visits with homebound beneficiaries?	All face-to-face visits will resume in accordance with CMS guidance related to the unwinding of the Public Health Emergency. Under the CFCM design, home visits or face-to-face visits will happen at least every 6 months.
76	CFCM Service Requirements	Questions forwarded by Michelle on 1/5/23	OHA Case Management Agencies	Clarification on the need to have availability after hours. It seemed extensive. They currently make individual after hour appointments as needed.	RI EOHHS appreciates the commenter's feedback and will consider this information as part of its updated CFCM Strategic Plan and implementation efforts.
77	CFCM Service Requirements	Questions forwarded by Michelle on 1/5/23	OHA Case Management Agencies	Will they have an oversight agency (like OHA) and a specific state person to oversee them and work with them? Who will that be?	RI EOHHS, as the single state agency to administer the Medicaid program in Rhode Island, will oversee the CFCM network. Person-centered plans will be reviewed by the agencies who have responsibility for administering programs to the various HCBS populations in accordance with State rules and regulations. BHDDH will oversee persons with intellectual and developmental disabilities; EOHHS and DHS are responsible for elders and adults with disabilities; OHA will no longer be involved in the Medicaid LTSS program but will retain authority and oversight over the AT HOME program for persons who do not qualify for Medicaid LTSS.

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78	CFCM Service Requirements	Samuel Salganik Care Transformation Collaborative of Rhode Island	RIPIN Care Transformation Collaborative of Rhode Island	Staff Qualification Requirements: We typically do not require an associates degree of our case managers, or a bachelors for our supervisors. We find that there is not always a strong correlation between these types of degrees and job performance. It is also very difficult to operationalize requirements that employees have one year (or two for supervisors) of experience in order to hold the role, because it makes it impossible to hire people who are new to the field, or to promote front-line staff into supervisor roles. Please consider revising or eliminating those rules. What do you think of the proposed conflict-free case manager and agency requirements? We would recommend adding that a person's experience with lived experience and/or person who has cared for person with LTSS needs could be considered as a substitute for associates degree and or year of experience. There is concern about the staff qual and training being too rigid -needed college. This will create a capacity issue even worse and are encouraging us to focus on core competencies. Sherlock Center can assist us with developing/pulling together core competencies and a curriculum to utilize for training.	RI EOHHS is reviewing the CFCM staffing competency and credentialing standards with our technical advisory and colleagues from other states. At the suggestion of stakeholders, we are reaching out to community partners for input. We will take your comments and concerns into consideration along with this information when making the final decision on the staff competency standards for CFCM entities when this process and our assessment of capacity in the RFI are complete.
79	CFCM Service Requirements	Suzanne Carson	SA	In reference to participant rights- what about the Conflict free Case Managers/ Agency rights. The CFCM agency should have the right to refuse participants due to very particular situations. If a client/caregiver/representative is inappropriate with a vendor they should have the right not to take them on.	RI EOHHS will remove "Conflict-free case management agencies may not refuse any assigned or reassigned participant" from the CFCM Strategic Plan. CFCM denials/disenrollments will be clarified in the State's RFP.
80	CFCM Service Requirements	Suzanne Carson	SA	Does this initiative touch on Voluntary and Involuntary disenrollment's of CFCM?	Conflict-free case management is a required service for all of Rhode Island's HCBS participants unless otherwise noted in the CFCM Strategic Plan.
81	CFCM Service Requirements	Amy Grattan; Morna A. Murray; Kevin Nerney	Sherlock; Disability Rights RI; RI Developmental Disabilities Council	The draft plan proposes a system that is unnecessarily restrictive and bureaucratic. The person-centered experience is a human craft, and the people involved bring a mix of unique experiences to it. As such, it cannot be an administrative category with check box requirements. The more systematic the process, the less person centered it is. The intent of CMS was to allow people to explore outside of "the system;" this process, however, keeps them in it. For example, the proposed strategic plan indicates that EOHHS will establish criteria which an individual must meet before they can change facilitator agencies. Such a process is antithetical to person centered thinking and self-determination.	We appreciate your comments. The RI EOHHS is interested in preserving the principles of person-centeredness and self-determination while, at the same time, ensuring the equity in access, consistency in the way services are performed, and the accountability and responsiveness that HCBS waiver and reporting rules require. Striking the balance between these sometimes competing values is a challenge, but one that is not unique to RI. However, it is important that we clarify that a "facilitator" and a "CF case manager" are not one in the same. Nonetheless, an HCBS participant will have the flexibility to change a CF case manager at anytime. Capacity may limit the range of choice, however. We will modify the Strategic Plan to establish the right to choose in the clearest possible terms.
82	CFCM Service Requirements	Linda N. Ward	Opportunities Unlimited, Inc.	While we support and understand the need to institute conflict free case management, this draft as presented appears to negate the importance of relationships and trust that is needed to effectively provide "whole person. Whole life" services and supports.	CFCM is designed to support relationships built on trust rather than supplant or serve as a substitute for them. Our goal is to strike a balance between conflict free and person-centered principles as well as various other HCBS waiver and reporting requirements. We believe that there will be ample opportunities for a participant to develop and maintain the important relationships they want to fulfill their goals. For example, an HCBS participant can have anyone who is important to them involved in the person-centered planning process. Although the CF case manager is responsible for writing the plan, the HCBS participant is in charge of the process, who attends and the role they play.
83	CFCM Service Requirements	Mary Beth Cournoyer	Parent	This document also eliminated some very useful ideas and options provided in the initial workgroup. I am no longer confident that it will be a meaningful process for the population of individuals it was supposed to help. The whole idea of creating CFCM is to create a PERSON DRIVEN PROCESS. This process while initially including my input then built something FOR me. It is imperative that all stakeholders have equal representation in the building of policies and procedures. Moving forward it is my hope that the Model and Strategic Plan are BUILT AND REVIEWED with the input of the individuals and families who will use it. It may be your job description to build this but it will be my job description to use it!	The RI EOHHS greatly appreciated the thoughtful and thorough work of the initial workgroup. RI EOHHS will continue to work with its stakeholders as it builds and implements CFCM.
84	CFCM Service Requirements	Samuel Salganik	RIPIN	draft plan is far more ambitious than is required by federal law. For example, the draft plan proposes to require that all CFCM providers (i) serve all eligible populations, (ii) maintain a Statewide service area, and (iii) use the State's centralized case management database. These are all design/policy choices that are not required by federal law. While there may be some valid reasons to make those choices, this expanded size/ambition/scope for the project greatly increases operational risks during roll-out and may also lead to a system that is more bureaucratic and less responsive to the needs of those who will be relying on it. It also creates a "one size fits all" approach. We recommend that the State scale back its ambitious during the launch of this initiative and consider more carefully the differing needs of different populations, including for example by allowing CFCM agencies to serve smaller target populations.	There are areas in which federal regulations and laws are silent and the State must use its discretion to assure various policy priorities are met and the best interests of Rhode Islanders are served. The RI EOHHS interagency redesign team worked closely with a CMS technical advisory team and national experts to consider all its options in those areas where the State had the flexibility to exercise discretion. We considered a wide range of factors in this process including RI's own history, existing policies and business practices, and reforms planned and underway. We are confident that the Strategic Plan reflects a thoughtful and comprehensive review as well as long-standing values related to person-centeredness, quality and equity and will preserve the opportunities for self-determination and direction. In addition, it is critical that stakeholders are aware that many Medicaid HCBS participants have little to no access to person-centered planning or systematic case management. As the single state agency for Medicaid in RI, it is incumbent on the RI EOHHS to consider the needs of all its Medicaid HCBS participants rather than pursue a "scaled-back" approach that would create a separate and unequal system in which low-income elders and adults with disabilities would continue to be underserved.
85	CFCM Service Requirements	Mary Beth Cournoyer	Parent	Challenges: • You cannot require monthly monitoring if the regulations do not mandate it- 42CFR441.725b8 and 42CFR441.725c • Restrictive- Many individuals do not desire monthly monitoring • A phone call or email is insufficient to be considered dedicated monitoring • Not clear how this would apply to those using self direction • Compliance indicators should include structural, process, utilization and outcome- this was not presented in a clear and collected manner Recommendations: • The person-centered service plan is reviewed and revised upon reassessment of functional need, at least every 12 months, when the individuals circumstances or needs change significantly, and at the request of the individual • A monitoring plan is developed as part of the person centered service plan • Monitoring occurs as agreed • Provide a clear explanation of the monitoring a case manager would provide and the robust monitoring and oversight provided by DD Dept. • Add- establish a follow up procedure- how often does the individual want to be called, how often does the individual want to meet in person, how often to contact other team members. Then determine a schedule for review to review goals and plan to determine if it actually achieved outcomes that the individual wanted • Add- Respond to crisis using community resources, natural supports and DD funded supports to stabilize crisis	RI EOHHS will clarify its monthly monitoring requirements as part of the updated CFCM strategic plan or as part of the State's CFCM certification standards.
86	CMS CAP / Consent Decree	Kristine Sullivan	Disability Rights of Rhode Island	At the status conference re: the employment consent decree earlier this week, the Court Monitor noted the need for CFCM to be made available to adults with I/DD on the timeline in the consent decree (i.e., before the full rollout in January 2024 you've indicated). Has EOHHS started discussing how to roll out CFCM to that population more quickly?	Yes, BHDDH is currently working with the Court Monitor to develop an implementation plan that satisfies the State's Consent Decree. Additional information on this topic is forthcoming.
87	CMS CAP / Consent Decree	Nicolas Oliver	RI Partnership for Homecare	EOHHS is under a corrective action plan. Has CMS assessed a financial penalty to the State of Rhode Island?	No
88	CMS CAP / Consent Decree	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	Can you please provide the Corrective Action plan and CMSs communication with the State?	The CMS Corrective Action Plan is in development. We have not received any formal notification of the CFCM issue and were informed by CMS that no written communication will be forthcoming until the plan is complete. RI EOHHS will share the plan with stakeholders subsequent to CMS review.
89	Conflict of Interest	Deb Burton	RI Elder Information	How will Conflict of Interest be monitored?	RI EOHHS is in the process of defining this process and will provide additional information with stakeholder after this process is determined.
90	Conflict of Interest	Liz Wiedenhofer	Community Provider Network of Rhode Island	The entry point of MyOptionsRI or the Point appears to be a RI State government agency (within EOHHS I believe). This entity will be steering and determining eligibility for Medicaid services for RI citizens. The State of RI also determines the state's overall Medicaid budget. Is there any concern of this presenting the potential for conflict within itself and will there be outside oversight of Medicaid denials?	State staff role in delivering PCOC and determining Medicaid eligibility is not a conflict of interest. Medicaid eligibility and CFCM are separate processes.

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91	Conflict of Interest	Whitney Ritt	Unknown	Why the social case worker is not considered conflict free? In other states the social worker is the one that writes the plan.	Social case workers do not have the capacity or meet the qualifications in many instances to provide CFCM.
92	Eligibility / Enrollment	Deb Burton	RI Elder Information	How will the participant be educated on the CFCM agencies available to choose from? Will the State Agency call to advise they are approved for Medicaid and then offer a list of CFCM providers to choose from?	RI EOHHS is in the process of defining this process. This will be described in the State's RFP.
93	Eligibility / Enrollment	Deb Burton	RI Elder Information	Is the ADA definition of disability used for these purposes?	RI EOHHS will add a disability definition to its updated CFCM Strategic Plan.
94	Eligibility / Enrollment	Deb Burton	RI Elder Information	How will elders who receive PCOC but are currently over assets for Medicaid receive CFCM?	CFCM is only available to participants that are Medicaid LTSS eligible for HCBS. For example, people participating the OHA At Home program are not eligible for CFCM.
95	Eligibility / Enrollment	Deb Burton	RI Elder Information	Is there a consideration for assisting people who would not be eligible for Medicaid to receive CFCM but still need help getting the services that will keep them out of long term care but they cant afford a private care manager?	The State is not considering extending the reach of CFCM beyond the Medicaid LTSS population at this time.
96	Eligibility / Enrollment	Deb Burton	RI Elder Information	How do private companies apply to get on the referral list? What is the States vetting/application process for private companies?	This process will be determined prior to CFCM delivery.
97	Eligibility / Enrollment	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	2. Does the State's plan meet the needs of Rhode Island's Medicaid HCBS participants? No. For children/youth and adults with special health care needs, you reference Katie Beckett Eligible Children. There are CYSHCN that are not covered by Katie Beckett that are not clearly identified in your "Estimated Number of Participants That Will Receive CFCM Services" (page 20).	Katie Beckett is a unique eligibility category for children that are otherwise ineligible for Medicaid. The figure noted is based on current enrollment of children who qualify for Katie Beckett eligibility but were without access to regular person-centered planning or case management at the time of the Strategic Plan's writing. Children with special needs, including the Katie Beckett population, are not covered by the HCBS final rule. We chose to include the KB population in our initial analysis at the request of parents and other stakeholders who are seeking CFCM-like services and scrutiny of current practices by federal regulators. The State has chosen to pursue an alternative to the CFCM network for Katie Beckett children in the year ahead.
98	Eligibility / Enrollment	Janet	Unknown	Have you identified any other populations similar to Katie Becket who would benefit to the strategies being developed for populations served by Katie Beckett?	The issue of CFCM for persons under age 21 is being addressed in several other ongoing initiatives. We will keep stakeholder advised accordingly.
99	Eligibility / Enrollment	Kathy Youngs	Unknown	Can a person decline to participate even if they meet qualifications for a program?	No. CMS requires every Medicaid HCBS participant to have a person-centered plan.
100	Eligibility / Enrollment	Marissa Ruff	SA	People in shared living cannot also be enrolled in Adult Day Health? Can we clarify this?	Please contact Linnea Tuttle (Linnea.Tuttle@ohhs.ri.gov) regarding this question.
101	Eligibility / Enrollment	Nicholas Oliver	RI Partnership for Homecare	To be clear, CFCM exempts pediatrics (under 19 years of age) with physical disabilities, not cognitive or I/DD, receiving HCBS?	Correct. Children and youth are excluded from CFCM at this time.
102	Eligibility / Enrollment	Nicholas Oliver	RI Partnership for Homecare	How will CFCM work for the "Turning 21" transition population?	The current processes in place that address youth in transition will not change with the implementation of CFCM at this time. We recognize additional work needs to be done in this area and will be reaching out to stakeholders over the next year to discuss reforms at greater length.
103	Eligibility / Enrollment	Nicnolas Oliver	RI Partnership for Homecare	For clarification purposes, Ann started the presentation specifically identifying elder and I/DD populations. However, this impacts the entire HCBS universe, correct? e.g. children and adults with physical disabilities	Please see the CFCM Strategic Plan for a detailed overview of the populations that will receive CFCM.
104	Eligibility / Enrollment	Samuel Salganik	RIPIN	"Katie Beckett" Children: While we appreciate that the draft plan does not address children with special needs, it is still worth highlighting that the plan's classification of these children as "Katie Beckett eligible" is incorrect, and the listed population size also appears incorrect. Katie Beckett is only for children with certain high medical needs who are also over-income for traditional Medicaid. Many children with special needs (including many HCBS recipients) also happen to be low-income. These children receive traditional Medicaid, not Katie Beckett. Please find attached a recent Medicaid enrollment report (dated 10/31/22, distributed to the Consumer Advisory Council) that shows 9,536 Medicaid-enrolled children with special healthcare needs, far more than the 913 listed in the draft plan. The 913 number feels likely to be roughly the number in the Katie Beckett eligibility category, a number that would exclude the lower-income children with special needs. We do not know from this data how many children are receiving HCBS through Medicaid, but it is likely far more than 900.	Katie Beckett is a unique eligibility category for children that are otherwise ineligible for Medicaid. The figure noted is based on current enrollment of children who qualify for Katie Beckett eligibility but were without access to regular person-centered planning or case management at the time of the Strategic Plan's writing. Children with special needs, including the Katie Beckett population, are not covered by the HCBS final rule. We chose to include the KB population in our initial analysis at the request of parents and other stakeholders who are seeking CFCM-like services and scrutiny of current practices by federal regulators. The State has chosen to pursue an alternative to the CFCM network for Katie Beckett children in the year ahead.
105	Financing / Reimbursement	Cathie Gilligan Debbie	The Arc	How will agencies providing services to I/DD individuals be reimbursed for all of the information gathering, providing information for monitoring etc.? The funding issue was not really answered because we are still not clear how we will fund these duties without SC funds even with the rate reform. Will admin costs be significantly increased?	As part of the BHDDH rate setting process, support coordination/care coordination will be rolled into I/DD provider reimbursement rates.
106	Financing / Reimbursement	David Reiss	FI - Fogarty Center	How is this being funded?	CFCM is funded through Medicaid federal funds and general revenue.
107	Financing / Reimbursement	Deb Burton	RI Elder Information	How much time is anticipated to be allocated in the state reimbursement rate to allow observation of clients in multiple settings?	The CFCM process does not include on-site observations of applicants or participants. Rather, the process and rate cover the cost of an initial face-to-face, semi-annual and annual person-centered planning sessions in a location of the participant's choosing. Responsibilities for conducting assessments that include such observations and/or on-site environmental and safety reviews will continue to be performed and paid for as they are now when required.
108	Financing / Reimbursement	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	Reimbursement rates need to be sufficient to cover costs associated with outreach and engagement, and obtaining and retaining a qualified work force.	The activities the commenter identifies are accounted for with the proposed CFCM reimbursement rate. The State'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%.
109	Financing / Reimbursement	Debra Hurwitz	Parent	Yet this strategic plan establishes a single, universally defined process in meetings, specifies restrictive competencies for those who would facilitate plans, and defines regimented system management processes to assure compliance in implementation. It adds an additional level of administrative bureaucracy that fuses diverse constituent groups and mingles fundamentally different forms of services from self-directed individual supports to congregate care.	Many of the standards and requirements outlined in the CFCM Strategic Plan are CMS requirements and help ensure quality and consistency across case management agencies. More important, CFCM standards are designed to ensure equity in access and incorporate best practices that raise the level of services available to all HCBS participants rather than for one population or another.
110	Financing / Reimbursement	Joanna Scocchi	thearc.org	has the state set rates for CFCM services or will it as part of the rate review	The State developed a specific CFCM reimbursement rate as it is treated as a new service.
111	Financing / Reimbursement	Linda N. Ward	Opportunities Unlimited, Inc.	P. 30 "the person centered plan informs but does not serve as a substitute for the service plans HCBS providers must develop to comply with federal or state requirements or otherwise manage or ensure the continuity of care" – again no allocation for this role in the new rate model being developed and it is not yet verified that the increased rates under consideration will in fact support this role.	HCBS providers are responsible for implementing person-centered plans. This is a role that is distinct from that of the CFCM case manager and is often identified at some length in licensing, certification, and/or payment standards that specify that exact nature of these responsibilities and reimbursement requirements. As these day-to-day implementation of the person-centered plan is not a component of CFCM, it is not included in the proposed rate. However, plan implementation -- e.g., day-to-day service and care coordination -- are generally Medicaid covered services and would be included in the daily or monthly service rate paid to the provider. The implementation of CFCM does not in anyway strip providers of these responsibilities nor payment for them. CFCM, including all its component parts, is carved out of the service provision process.
112	Financing / Reimbursement	Linda N. Ward	Opportunities Unlimited, Inc.	This draft does not identified who is responsible for completing the purchase order that allocates funding and allows DDOs to bill for services.	RI EOHHS is in the process of defining this process. Additional information is forthcoming as this process is defined.
113	Financing / Reimbursement	Marissa Ruff	SA - Seven Hills	How will this affect funding for the program? Where is the funding coming from? Is this new money or being pulled? Separate funding stream or is money being moved from one service to this one?	CFCM is a separate service that will be carved out of the HCBS array and financed and administer by EOHHS using Medicaid federal funds and general revenue.
114	Financing / Reimbursement	Marissa Ruff	SA - Seven Hills	Billing-- is the agency going to lose the initial assessment reimbursement cost?	DHS has responsibility for the functional assessment required for the determination of LTSS eligibility. The status of any program specific assessments that are currently being performed by our community partners will be reviewed in conjunction with the implementation of CFCM. Functional assessments are not a component of CFCM and, as a result, the costs for performing them are not included in the proposed rate.
115	Financing / Reimbursement	Marissa Ruff	SA - Seven Hills	Is there going to be a rate impact for Shared Living provider agencies? This will be a problem if it is a negative impact.	At this time, RI EOHHS does not anticipate a rate impact for shared living provider agencies.
116	Financing / Reimbursement	Marissa Ruff	SA - Seven Hills	Unfunded mandates- we are the ones doing work and see the front lines- how will agencies bill for work done?	HCBS providers will continue to use their existing billing mechanisms.
117	Financing / Reimbursement	Maureen (Maigret)	Senior Agenda LTCCC	For what budget year do you need to request funds for the CM service?	Budget year is SFY 2025.
118	Financing / Reimbursement	Questions forwarded by Michelle on 1/5/23	OHA Case Management Agencies	They need to know the rate sooner than later in order to project their costs and staffing needs to put forward a proposal.	The proposed rate was shared with OHA Case Management agencies and other providers. RI EOHHS anticipates scheduling a separate meeting with stakeholders to review the State' CFCM rate methodology.

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Ref. #	Stakeholder Theme	Submitting Party Name	Stakeholder Affiliation	Question(s)/Comment(s)	RI EOHHS Response
119	Financing / Reimbursement	Samuel Salganik	RIPIN	Single Reimbursement Rate: Following up on the point above, this also raises questions about the single reimbursement rate for all populations. A single rate can potentially create disincentives for providers to work with the hardest-to-serve populations. While a single rate is administratively attractive, it will likely foster a “one size fits all” approach that makes it difficult for high-need populations or individuals to get the right level of support. Please consider whether there might be some high-need populations that would be disadvantaged by the single rate, and what can be done to ensure that they receive the level of support they need.	RI EOHHS devoted a considerable level of effort considering various CFCM payment strategies. The background research and data analyses conducted in conjunction with the development of the proposed rate indicated that there is great variation in the amount of the time required for high quality CFCM. However, the variability is within populations rather than between them. For example, several states that began with the assumption that a higher rate for the I/DD population was required because of the complexity of participants' needs found that many of the other populations they serve have significant acuity needs that warranted an even greater commitment of time and resources, particularly in the planning process. This proved to be especially true in those states like RI with a growing number of the oldest of the old in their HCBS populations due to the increase in both functional and cognitive decline. RI EOHHS appreciates your feedback on this matter and will consider your concerns in conducting its due diligence prior to finalizing the rate.
120	Financing / Reimbursement	Tony Fernandes	Unknown	How with the conflict free case management, how do would we ask for additional funding, how would that process work with case management now or what the case manager would propose? Considering that when implementing the proposed plan, do we propose plan to them (case management manager) or to the State?	This process will be defined prior to CFCM delivery.
121	Impact to Existing Case Managers	Pat Lindquist	SA - Seven Hills	What happens to our current infrastructure of case managers that we do have? Are there additional funds for their roles as they change or are we looking at layoffs?	All of RI’s existing case management providers may have a role in RI’s LTSS system; however, roles and responsibilities will be different under CFCM. Since this is a new service offering for many Medicaid HCBS participants, the State expects that this initiative will eventually push the market and increase the number of conflict-free case manager positions and entities across the State. All entities currently providing case management to HCBS participants that DO NOT provide direct services are strongly encouraged to become part of the CFCM network and to build on rather than replace the current infrastructure.
122	Impact to Existing Case Managers	Pat Lindquist	SA - Seven Hills	Will personal choice case managers have a different role?	All of RI’s existing case management providers may have a role in RI’s LTSS system; however, roles and responsibilities will be different under CFCM. We will be working closely with the Service Advisement agencies to ensure they understand the differences between their current functions and the role they could play if they opt to become part of the CFCM network.
123	Impact to Existing Case Managers	Suzanne Carson	SA	As a current Case Management agency, what will happen to the physical charts we have now for consumers?	RI EOHHS is currently working with WellSky to determine what will happen with previous participant materials (e.g., their person-centered plan).
124	Impact to HCBS Providers	David Reiss	FI - Fogarty Center	will this funding be taken from the DDIO's or will it be new funds?	This financing of the CFCM network is derived from new and existing funds. BHDDH is committed to ensuring that payment for support coordination services that are not within the scope of CFCM will be included in the adjusted direct service rate providers receive.
125	Impact to HCBS Providers	Deb Burton	RI Elder Information	How will CFCM be implemented for residents living in assisted livings?	Conflict-free case management is a required service for all of Rhode Island’s HCBS participants unless otherwise noted in the CFCM Strategic Plan. Accordingly, HCBS participants that choose assisted living will also receive CFCM.
126	Impact to HCBS Providers	Deb Burton	RI Elder Information	Are the HCBS providers inclusive of homecare agencies?	HCBS providers are defined as "Qualified professionals or entities that render paid services (e.g., assisted living, I/DD group home, services in a private residence, etc.) to Medicaid HCBS participants. "
127	Impact to HCBS Providers	Deb Burton	RI Elder Information	Is this something that can be combined with the Medicaid billable work that Community Health Workers are able to do?	CFCM is not currently within the scope of work the CHWs provide.
128	Impact to HCBS Providers	Deb Burton	RI Elder Information	Will there be an entity that will go to an elderly homebound clients home to help them complete the Medicaid application as the CAP agencies do now? For the homebound elderly-will someone go to their home to assist them in completing the Medicaid application as the CAP agencies do now?	CFCM does not cover application assistance. There are several other initiatives included in the LTSS Redesign effort that focus on improving application assistance. We will be discussing these efforts with stakeholders in the months ahead.
129	Impact to HCBS Providers	Eileen Unger	Horizon Bay	Does this apply to Adult Day Care	Conflict-free case management is a required service for all of Rhode Island’s HCBS participants unless otherwise noted in the CFCM Strategic Plan. There are Medicaid participants using Adult Day Services that are not eligible for Medicaid LTSS, however. Participants in this category are not subject to the federal rule requirements for CFCM.
130	Impact to HCBS Providers	Joanne Malise	Living Innovations, Mosaic	I get it about CFCM and like the concept, just want to be sure we have the day to day supports in place that CFCM can't do	Thank you for your comment. Please be assured that the day-to-day supports HCBS participants currently received will be maintained.
131	Impact to HCBS Providers	Kathleen Samways	Private Provider	Any initiative to create plans that support the CAREGIVER for keeping elders at home?	Enhancing caregiver assistance is not included in the CFCM initiative. There are several other initiatives related to caregivers that are under consideration as part of the broader LTSS Redesign process. RI EOHHS will be reaching out to stakeholders for input on these initiatives in the months ahead.
132	Impact to HCBS Providers	Marissa Ruff	SA - Seven Hills	There's a lot of work that providers do that are not in the plan- training, education, support needs, etc. Who's responsible for this under this model? And how will this be facilitated?	This will be part of the HCBS providers' implementation plan, which is separate and apart from the person-centered plan. The RI EOHHS is committed to ensuring that payment for these services, which are outside the scope of CFCM, will continued to be covered through existing or new payment structures.
133	Impact to HCBS Providers	Marissa Ruff	SA - Seven Hills	Administrative burden concerns- there will be things that providers will be required to do- what is the billing mechanism for this for equity purposes?	We are developing a new billing code for CFCM. HCBS providers will continue to use their existing billing codes for services they provide which are not included under the CFCM rate. We will be reaching out to providers to discuss these sorts of billing issues in the weeks ahead.
134	Impact to HCBS Providers	Michelle Machado	OSCIL	If OSCIL is proving Nursing Home Transition services where would that fall in if the individual needs other OSCIL services	Questions related to nursing home transitions are best addressed by Karen Statser at 401-462-2107 or karen.statser@ohhs.ri.gov. CFCM will be required for HCBS participants who transition from institutional settings after all other available forms of case management and planning have been exhausted. OSCIL provides nursing home transition services with ILC funding from ACL (Rehabilitation Act of 1973). OSCIL's transition services are not funded by Medicaid. The agency can continue to provide transition services and other services. If OSCIL provides direct services paid by Medicaid (e.g., DME), the agency will not be able to provide conflict free case management. An individual receiving transition services from OSCIL in addition to Medicaid services will need to receive conflict free case management from an approved CFCM agency.
135	Impact to HCBS Providers	Nicholas Oliver	RI Partnership for Homecare	Home care providers are required to conduct an OASIS-E every 60 days and share such data/information concerning continued service need/hours with the case manager and payor source. Will this process continue and will home care providers continue to be reimbursed for conducting such service? For reference on OASIS-E: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/oasis-data-sets	CMS's requirements regarding OASIS data are not part of the CFCM initiative at this juncture. There is no change in current home care provider responsibilities or payment for these evaluations in the CFCM initiative.
136	Impact to HCBS Providers	Noah Chevalier	State Staff	The agencies allowed to assist applicants to apply/submit a Medicaid applicants are not able to also provide services, that's the point of the conflict-free part, right?	No, this is not an entirely accurate assertion. "Conflict-free" requires case management activities to be independent of service provision. An agency or organization (or their employees) cannot provide both direct service and case management activities to the same participant except in very specific circumstances set forth in regulation. Please see the CFCM Strategic Plan for additional information.
137	Impact to HCBS Providers	Questions forwarded by Michelle on 1/5/23	OHA Case Management Agencies	How does CFCM fit in with the other services such as Personal Choice, Shared Living, Assisted Living and Hab? a. Understanding the nuances of those programs and how CFCM works within them. b. Will there be new business processes	CFCM will be required for all Medicaid HCBS participants (unless otherwise noted in the CFCM Strategic Plan) regardless of the types of services that participants receive. We will be developing new business processes that correspond to the realignment of roles and responsibilities with entities participating in the CFCM network.
138	Impact to HCBS Providers	Roberta	Unknown	Is adult day an excluded program?	Adult day providers will continue to provide and be paid for the service coordination and plan implementation tasks covered in the existing rate structure.
139	Impact to HCBS Providers	Samuel Salganik	RIPIN	Cedars - We work with children in the MCOs and also fee-for-service Medicaid. About 1/3rd of our clients are in FFS. And many (most) of our Cedar clients are not technically in Katie Beckett. Children with special needs who are income-eligible do not get Katie Beckett.	Thank you for your comment. We understand the unique eligibility and service requirements for children with special needs, including those that enter the system through Katie Beckett. The State is pursuing several initiatives in this area and will be asking stakeholders for input in the months ahead.

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140	Impact to HCBS Providers	Samuel Salganik	RIPIN	Switching CFCM Providers: It should be very easy for beneficiaries to switch between CFCM providers, whether they made an initial selection or were auto-enrolled.	RI EOHHS appreciates the commenter's feedback. We intend to make the HCBS participant choice a centerpiece of the CFCM implementation process. Accordingly, we are developing procedures that will enable participants to transition between CF case managers with relative ease.
141	Impact to HCBS Providers	Susanne Campbell	Care Transformation Collaborative of Rhode Island	Where do services provided by CEDAR fit in?	Children with special needs are not included as part of this initiative at this juncture. There are other initiatives under way that will address strengthening the scope of case management services for children.
142	Impact to HCBS Providers	Suzanne Carson	SA	Challenges: •Assisted Living service delivery option- in regards to consumers selecting a facility. Currently, facilities determine if they have Medicaid beds available and if the person is appropriate for their facility. Can there be a portal, like for homecare providers? Facilities can go and report if they are accepting consume and or facilities can see consumers who need placement.	RI EOHHS will consider this recommendation as it continues to build and design CFCM.
143	Impact to HCBS Providers	Suzanne Carson	SA	Challenges: •Potential loss of long-standing relationships for Case Management Agencies and service providers i.e. homecare agencies, assisted living providers. Risk of loosing service providers ability to contact a particular Case Management Agency when they have an issue. •Consumers' leaving case managers that they have had been working with for many years.	RI EOHHS is aware of these concerns and will work to maintain its existing case managers so long as they meet the CFCM standards.
144	Impact to HCBS Providers	Suzanne Carson	SA	Challenges: •If a facility has a consumer who needs to apply for LTSS- what will that process be?	State agency staff will continue to provide Medicaid application assistance. This is not changing.
145	Impact to HCBS Providers	Suzanne Carson	SA	The Role of the Service Advisor- will this role continue within the initiative? Or would that role turn into the conflict free case manager? Should the service advisory agency be added to key definitions and terms?	The role of the Service Advisory (SA), as currently defined, will not continue once CFCM is fully implemented; however, SAs can apply to provide CFCM.
146	Impact to HCBS Providers	Suzanne Carson	SA	The Nurse and COTA role. Within the plan there is no role specified. Does that mean there is no longer a staffing requirement/role? If a participant needs a DME or home modification, who will assess them and the environment to determine appropriate interventions?	RI EOHHS is currently assessing the nurse and the Certified Occupational Therapy Assistant (COTA) roles under CFCM. Additional information regarding this topic is forthcoming.
147	Impact to Participants	Deb Burton	RI Elder Information	How will this transition be explained to elderly participants who are discouraged from allowing strangers to enter their home and are discouraged from answering the phone from numbers they don't know or returning calls to people they don't know?	RI EOHHS will consider this as part of its State's communication strategy. The State's communication strategy and timing of outreach efforts will be described in more detail in the State's Participant Transition Plan.
148	Impact to Participants	Deb Burton	RI Elder Information	Who is reassigning participants and what is the criteria for reassigning participants?	RI EOHHS is in the process of defining this process. This will be described in the State's RFP. The guiding principle in the development of this process is preserving participant choice to the full extent feasible.
149	Impact to Participants	Deb Burton	RI Elder Information	There are clients who may have been unsuccessful with the original agency or second agency. Will this be addressed on a case by case basis or part of an auto-assignment?	RI EOHHS is in the process of defining this process. This will be described in the State's RFP. The guiding principle in the development of this process is preserving participant choice to the full extent feasible.
150	Impact to Participants	Kathleen Samways	Private Provider	For folks who are aging for services and supports for dementia (for example), is there a system for teaching families that this is an option?	The State offers person-centered option counseling (PCOC) which is an interactive decision-support process that helps people assess and understand their long-term services and support needs, goals, and preferences. In Rhode Island, a participant can connect with a MyOptions Advisor (this is someone that delivers PCOC) to learn about their LTSS options and to help identify what is important to the participant and how they can meet their goals. Additional information regarding RI's PCOC program is available at MyOptions.RI.gov.
151	Impact to Participants	Marissa Ruff	SA - Seven Hills	Lack of trust across community based provider industry- how will we have assurance that this will be properly managed and families won't be left in the dark?	RI EOHHS will work with its stakeholders and CMS to ensure a successful launch. We are committed to doing a better job of keeping providers engaged as this process moves forward.
152	Impact to Participants	Marissa Ruff	SA - Seven Hills	Is the community being educated on what this means and who/how is doing the education?	Yes. The State's communication strategy and timing of outreach efforts will be described in more detail in the State's Participant Transition Plan.
153	Impact to State Staff	Deb Burton	RI Elder Information	Who will be the state agency staff providing oversight and what are their qualifications? 42 CFR § 441.301(2) Describe the qualifications of the individual or individuals who will be responsible for developing the individual plan of care;	RI EOHHS will provide oversight of the CFCM network. Please see the CFCM Strategic Plan for case manager qualifications.
154	Impact to State Staff	Marissa Ruff	SA - Seven Hills	Service Authorization-- key to this process-- state workers-what will their role be? Need to align processes otherwise administrative hurdles continue and equity is not created- consumers may be diverted to easiest options.	State agency staff will continue to be responsible for reviewing person-centered plans and entering service authorizations.
155	Impact to State Staff	Marissa Ruff	SA - Seven Hills	What is the role of the state workers in this?	State LTSS staff will be responsible for eligibility functions including processing applications, conducting assessments, reviewing plans and authorizing services. Please see the CFCM Strategic Plan for details regarding how State staff are impacted.
156	Impact to State Staff	Noah Chevalier	State Staff	My big question would be how many different categories of agencies are needed now: one to only help with applications, one to only help with PCP and case mgmt., one to only provide services. Is that right? Which of these categories will be state-run or use state workers?	RI EOHHS, DHS, and BHDDH each support and operate different aspects of RI's Medicaid HCBS programs. A detailed outlined of State staff roles is described in the CFCM Strategic Plan.
157	Impact to State Staff	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	"Removing eligibility and assessment from BHDDH."	DHS will continue to determine Medicaid eligibility. BHDDH will continue to determine whether or not someone is eligible for BHDDH services and will continue to do the functional needs assessment for I/DD participants.
158	Implementation Timeline	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	The timeline for implementing the Conflict Free Case Management Strategic Plan is too aggressive, particularly given the amount of work that needs to be done and the need to assure that the needs of the identified population will be met in this significantly re-vamped delivery system.	There are multiple factors impacting the State's timeline including federal requirements and a BHDDH consent decree. At this time, RI EOHHS believes that its CFCM design and timeline is appropriate and doable; however, as with any new program or service, it will regularly monitor its progress and course correct as needed based on CMS approval.
159	Implementation Timeline	Debra Hurwitz	Community Provider Network of Rhode Island	Lengthen the implementation timeline to be completed by 2028 to allow for the development of the workforce capacity in partnership with stakeholders (beneficiaries, families, higher education, providers of service, advocates and State regulators).	CMS will not allow an implementation date of 2028.
160	Implementation Timeline	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	3. Is it clear how Rhode Island's LTSS system will be affected by this initiative? We have concerns that this plan will incorporate an automated data management system that supports CFSM activities. The plan allows for 8 months of development and 6 months to implement a pilot program. There is a one month timeframe for issuing the RFP, followed by 2 months when contracting is done, and 3 months of training. In the recent past, RI has experienced significant problems with successfully implementing data management systems. We recommend that the timeline be re-considered to include more time for testing, evaluation and a contingency plan, particularly given that the population to be served could be at great risk if there are problems. The plan also provides very little time for vendors to consider working together, developing relationships and developing policies and procedures that might cut across multiple vendors. We did not see a description that vendors will need to meet the needs of the LTSS population in terms of language, race, ethnicity or disability	There are multiple factors impacting the State's timeline including federal requirements and a BHDDH consent decree. At this time, RI EOHHS believes that its CFCM design and timeline is appropriate and doable; however, as with any new program or service, it will regularly monitor its progress and course correct as needed based on CMS approval.
161	Implementation Timeline	Parental Response by John and Connie Susa	Parent	Though the timeline is tight, we believe it is still possible to revise this plan by shrinking it down to a plan of possibly half a dozen pages that would satisfy CMS requirements and still demonstrate that we are serious about complying with their expectations.	There are multiple factors impacting the State's timeline including federal requirements and a BHDDH consent decree. At this time, RI EOHHS believes that its CFCM design and timeline is appropriate and doable; however, as with any new program or service, it will regularly monitor its progress and course correct as needed based on CMS approval.
162	Implementation Timeline	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	"I think ideally to have more deliberate conversations back and forth, it would be good to have in person sessions as well. I we were we're all fully aware that this was underway this, this progress and I think probably broadly speaking, everyone agrees with the concept of person centered planning, understands the need to deconflict the interests of the consumers. But the plan that's laid out here. Well, I understand we've not hit the mark on the timeline for the federal government. The timeline that is laid out here is so significantly fast forwarded that I think we would run into serious, serious service delivery problems. So I'd like to revisit the timeline and understand why this is being expedited so quickly and why we've also chosen such a huge operational lift as appose to policy changes or practice changes that could accommodate more quickly, your need to comply with the federal standards."	There are multiple factors impacting the State's timeline including federal requirements and a BHDDH consent decree. At this time, RI EOHHS believes that its CFCM design and timeline is appropriate and doable; however, as with any new program or service, it will regularly monitor its progress and course correct as needed based on CMS approval.
163	Implementation Timeline	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	"the timeline that is projected here that sounds like it would feed into a broader, more removed system. So I'd like to address that and just put on the record that we would hope we could have a more direct conversation with EOHSS before they submit any plan to CMS."	There are multiple factors impacting the State's timeline including federal requirements and a BHDDH consent decree. At this time, RI EOHHS believes that its CFCM design and timeline is appropriate and doable; however, as with any new program or service, it will regularly monitor its progress and course correct as needed based on CMS approval.

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164	Individual HCBS Participant Plan Writers	Mary Beth Cournoyer	Parent	The biggest risk will actually be that any of this actually makes anyone's life any better! CFCM will only be as good as the integrity of the people hired to complete the process. I have expressed concerns about limiting the model to Case Management Agencies and excessive caseloads. If it doesn't then the initiative fails and individuals are just forced to walk through another process. Eliminating Independent Case Management forfeits many individuals using the case manager of their choice. There are many individuals who already have great relationships with people who would be willing to provide case management for a small number of individuals.	The State understands that individual HCBS participant plan writers have provided an essential and important service. However, individual plan writing is not a Medicaid covered service and is not consistent with federal regulations related to CFCM. As these plan writers have invaluable expertise and experience, the RFP for CFCM entities will encourage bidders to hire or contract with individual HCBS participant plan writers who meet the certification standards. In addition, the State is establishing an HCBS support broker network which may also provide the opportunity for continued engagement with HCBS participants they are working with now.
165	Individual HCBS Participant Plan Writers	Mary Beth Cournoyer	Parent	The Model only creates Case Management Agencies and no longer includes Independent Brokers of Case Management Challenges: • Eliminates a lot of very talented people who have relationships with individuals and have the time and willingness to provide some case management. • Makes a more structured process for state oversight but AT THE EXPENSE OF allowing the individual to choose someone they want to work with • The requirement that case managers fill all roles AND carry a caseload of 45 individuals AND must be able to assist with all populations is not reasonable and is a huge deterrent to finding dedicated case managers Recommendations: • Determine the required trainings and qualifications for all case managers to meet and then expand the model to allow case managers wanting to work independently to provide that service • Lower the caseload amount from 45 to 25 per case manager (page 41) • Eliminate the requirement that every case manager must be able to assist with all populations	The State understands that individual HCBS participant plan writers have provided an essential and important service. However, individual plan writing is not a Medicaid covered service and is not consistent with federal regulations related to CFCM. As these plan writers have invaluable expertise and experience, the RFP for CFCM entities will encourage bidders to hire or contract with individual HCBS participant plan writers who meet the certification standards. In addition, the State is establishing an HCBS support broker network which may also provide the opportunity for continued engagement with HCBS participants they are working with now.
166	Other	Parental Response by John and Connie Susa	Parent	Our first reaction to reading this nearly fifty-page document is that probably none of the people who wrote it are either the individuals intended to be beneficiaries or their parents. If they were, they would have quickly acknowledged that although many people share the same diagnostic or medical-based label describing their disability, none of them are the same. They would also have known that any overly prescriptive plan is not likely to be easily adaptable to the differences among us. Not only are individuals with disabilities different from each other, but their families are different; their cultures are different; their home communities are different; and their life experiences are different. The proposed strategic plan seems to have been created to offer a prescription to solve a problem and then refer a family to the resources to find acceptance and support in their community. We know many believe there is a service to overcome every challenge. However, with over 50 years of parenting and service system experience, we fear this plan was designed to touch every bureaucratic Medicaid touchstone. Our dread is that if implemented, it will create even more insurmountable barriers to people with Intellectual and Developmental Disabilities (IDD) trying to live normalized lives in their communities.	The CFCM Strategic Plan is based on a plan developed by a subcommittee of an I/DD stakeholder group composed of parents and advocates. The RI EOHHS greatly appreciated the thoughtful and thorough work of the initial workgroup. The RI EOHHS also worked closely with a technical advisory committee, appointed by CMS, that is affiliated with a national organization representing people with developmental disabilities. We also reached out to stakeholders focusing on adults with non-I/DD disabilities and older adults who are equally committed to the values of community integration and independence. Our hope was that input from both these groups would make us sensitive to the unique and common needs of all the HCBS populations covered by the CFCM federal regulations. As we review the CFCM Strategic Plan, we will strive to be more attentive to the concerns you have raised and reach out to all our stakeholders to ensure we have reached a common ground.
167	Other	Deb Burton	RI Elder Information	SEE PRIOR COMMENTS RE: RI LAW, OLDER AMERICAN ACT REWUIREMENTS & LONG-TERM CARE OMBUDSMAN ROLE This is also the role of the Long Term Care Ombudsman. Duplicative of LTC Ombudsman Service and 218-RICR-40-00-1 TITLE 218 – DEPARTMENT OF HUMAN SERVICES CHAPTER 40 –	Thank you for your comment. Implementation of the CFCM network will not affect current critical incident investigating and reporting responsibilities.
168	Other	Janet	Unknown	There is some confusion on definitions of case management-MCO/Service Provider Care coordination/case management/specialty case management. How will definitions/categories be developed for this transition? Can questions be shared?	RI EOHHS will clarify its definitions in the updated CFCM Strategic Plan or in other stakeholder materials (e.g., fact sheets, etc.).
169	Other	Janet	Unknown	As the state is working on expanding use of MCO in servicing duel eligible populations, is there any current modifications for individuals in the duel Medicaid/Medicare MCO Integrity Plan?	RI EOHHS appreciates your comments and will engage our MCO partners to discuss the responsibilities for case management and person-centered planning for HCBS participants.
170	Other	Deb Burton	RI Elder Information	Will/How will the Governor's commitment to an Olmstead Plan impact this plan?	Members of the LTSS Redesign Team are participating in the statewide initiative to develop a robust Olmstead Plan and have and will continue to make a concerted effort to integrate the work on these initiatives.
171	Other	Kristine Sullivan	Disability Rights of Rhode Island	If incremental implementation is insufficient, doesn't that undermine any interim plan for the I/DD population?	BHDDH is under an expeditated implementation schedule due to a BHDDH Consent Decree. Additional information regarding the State's compliance is forthcoming.
172	Other	Linda Ward	Opportunities Unlimited, Inc.	Is the version on screen your working presentation or a new draft that is different from the one we received?	The PowerPoint shared during stakeholder engagement is posted on the RI EOHHS website.
173	Other	Marissa Ruff	SA - Seven Hills	Existing consumers- going through CFCM process	This process will be defined in the State's Participant Transition Plan.
174	Other	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	"I know that all three of these sessions are intended to be virtual and are they are each of them going to be the same content or are we working through different sections of the presentation?"	Each presentation covered the same content.
175	Other State Approaches	Chelsey Buxton	Community Partners MA	Is the design of the CFCM plan similar to the design of Massachusetts's Community Partners' program?	RI's design is not similar to Massachusetts's Community Partners' program. Massachusetts operates separate waivers for different populations. For example, they have a frail elderly waiver, a mental health waiver, and DD waiver. RI's HCBS program operates under a Section 1115 waiver which has a different set of requirements and expectations.
176	Other State Approaches	Deb Burton	RI Elder Information	Is this modeled after another states successful program? If so which state?	RI EOHHS considered models and materials from the following states: Alaska, Colorado, Florida, Maine, Minnesota, North Carolina, Ohio, South Dakota, Utah, Vermont, and Wyoming. We have made an effort to incorporate best practices from all these states in our Strategic Plan.
177	Other State Approaches	Debra Hurwitz	Community Provider Network of Rhode Island	To minimize the impact in the short-term, it is recommended that RI establish a policy that will allow provider organizations to create firewalls within their organizations to deconflict the planning process with service delivery. See this **document** which details several States that have implemented this approach, including Massachusetts.	RI EOHHS appreciates your feedback. We do not believe that the approach suggested is operationally feasible or consistent with the intent of the HCBS Final Rule in a state that does not have the geographical and population challenges of the states you note.
178	Other State Approaches	Marissa Ruff	SA - Seven Hills	look at best practices-MA., CT and apply to RI. Has the state investigated what is working with other states?	RI EOHHS considered models and materials from the following states: Alaska, Colorado, Florida, Maine, Minnesota, North Carolina, Ohio, South Dakota, Utah, Vermont, and Wyoming. We have made an effort to incorporate best practices from all these states in our Strategic Plan.
179	Quality	Deb Burton	RI Elder Information	How will a HCBS providers quality be communicated in an unbiased way to the client?	RI EOHHS is in the process of defining this process. RI EOHHS will work closely with stakeholders, CMS, and our technical advisors on this important issue.
180	Quality	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	Are there missing components in the State's Strategic Plan that the State should consider? There needs to be a more clearly defined plan for testing, evaluation, quality improvement and monitoring to make sure that persons in need of Home Based Community Services are met.	The State's quality assurance activities will be further defined in its updated CFCM Strategic Plan or as part of the State's RFP. We will be working closely with our partners at CMS and our technical advisory teams on this effort.
181	Quality	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	1. Are the State's CFCM goals clear? No. We would recommend that the key activities described on page 4 include items that are identified in the goals section. Evaluation, monitoring and quality improvement are not addressed in goals section or included under "category and key activities". We recommend that you identify a goal for evaluation, monitoring and quality improvement particularly since you will be providing services for a population that requires significant resources and is "at risk".	Thank you for your feedback. We will consider your comment as part of the State's updated CFCM Strategic Plan.
182	Quality	Linda N. Ward	Opportunities Unlimited, Inc.	For individuals with different communications styles/needs, how will monitoring occur?	As part of the procurement and certification process, RI EOHHS will require that all participating CFCM entities have the capacity to address the communications needs of the people they serve. This includes multi-lingual CF case managers, translation services and assuring the availability of assistive devices.
183	Quality	Linda N. Ward	Opportunities Unlimited, Inc.	P. 15, please elaborate on the comment – "state agency staff will provide oversight of CFCM services".	RI EOHHS is in the process of defining this process. RI EOHHS is required to meet extensive quality review and reporting requirements by CMS.
184	Quality	Marissa Ruff	SA - Seven Hills	What will be the QA process be for CFCM entity to ensure the above is happening-- options counseling, no wrong door, etc.	RI EOHHS is in the process of defining this process. RI EOHHS is required to meet extensive quality review and reporting requirements by CMS.
185	Quality	Marissa Ruff	SA - Seven Hills	How is quality assurance going to happen-- and by whom-- to review the CFCM agencies to ensure equity and access to all programs	RI EOHHS is in the process of defining this process. RI EOHHS is required to meet extensive quality review and reporting requirements by CMS.
186	Recommendation / Request	Ashley Sadier	Bayada Home Health Care	Will there be a Q&A posted somewhere online?	Yes. All materials regarding this effort will be posted to the EOHHS website: https://eohhs.ri.gov/initiatives/ltss-no-wrong-door/conflict-free-case-management-and-person-centered-planning-cfcmpcp

RI CFCM Implementation
Stakeholder Feedback Received from December 2022 through January 2023
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187	Recommendation / Request	Cahterine Taylor	AARP Rhode Island	Are you able to send the slide deck to the interested parties list or do we need to wait until they are posted next week?	All materials regarding this effort will be posted to the EOHHS website: https://eohhs.ri.gov/initiatives/ltss-no-wrong-door/conflict-free-case-management-and-person-centered-planning-cfcmpcp
188	Recommendation / Request	Deb Burton	RI Elder Information	Will the ADA definition of "disabled" be added to the strategic plan? https://www.ada.gov/topics/intro-to-ada/ Many adults become disabled but are not under the BHDDH umbrella. They are at greater risk for needing LTSS with 2 years which I think is the criteria necessary for PCOC. (For example a dx of MS, ALS, Parkinson's, Stroke etc.)	Yes, RI EOHHS will add a definition of "disability" to the CFCM Strategic Plan as it applies across HCBS populations.
189	Recommendation / Request	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	It would be important to review prior authorization requirements and timeline for responding to requests for authorization to minimize administrative burden, ensure the efficiency of response and an effective and efficient appeals process.	RI EOHHS appreciates your feedback. We are automating and streamlining the service authorization process for all HCBS as part of our LTSS Modernization Project. These changes are integral component of the transition to a CFCM network.
190	Recommendation / Request	Janet	Unknown	Is there a way that it can be identified what is being done because of federal requirement vs what is state proposals?	RI EOHHS is preparing a document that identifies the State's decisions and the rationale for them in areas where we have discretion and/or other laws or legislation apply.
191	Recommendation / Request	Kelly Donovan	Unknown	I feel that there should be a guide of this news, but in simpler terms for our consumers with intellectual disabilities. Some of our consumers may not understand most of this technological jargon.	Additional consumer specific materials are forthcoming.
192	Recommendation / Request	Kie	Unknown	These definitions need to be clarified. Discovery is a proven practice that extends well-beyond data gathering and is a service provision. The HMA recommendations include Service Coordination that was also included as CFCM in your presentation and needs delineation. To the last question please define why Social State Caseworkers are then warranted moving forward with this model.	RI EOHHS will remove the term "Discovery" in the updated CFCM Strategic Plan.
193	Recommendation / Request	Mary Beth Cournoyer	Parent	Conflict Free Case Management Your language is not a definition. Change to—Conflict Free Case Management is an independent collaborative process that assesses, plans, coordinates, monitors and creates connections to paid and unpaid services, supports and resources for an individual in their community with the goal of pursuing a home and community-based continuum of care that offers meaningful community integration, choice, and self-direction and strives to promote health, wellness and improved quality of life.	A definition for CFCM will be added.
194	Recommendation / Request	Mary Beth Cournoyer	Parent	• Point #4- identify a course of action to respond to assessed needs of participant including a timeline for action steps and who can assist with each action step • Add Point # 12- Determine who/how progress will be identified/measured	The final Strategic Plan will be amended to clarify these issues.
195	Recommendation / Request	Mary Beth Cournoyer	Parent	Line #2 to meet the needs identified in the assessment process- change the word assessment to planning	The intent of this section will be clarified in to the updated CFCM Strategic Plan.
196	Recommendation / Request	Mary Beth Cournoyer	Parent	• Adopt policies and procedures for back up case management for each person's caseload • Ensures there is a firewall between helping the individual gain access to services and provision of services	A "back up case management" policy will be added. The CFCM Strategic Plan does not include assessments that determine eligibility or the scope, amount or duration of services. We will make this clear in the updated CFCM Strategic Plan. The term "Firewall" has a specific meaning with respect to CFCM and want to be sure there is no confusion on how this back-up process will be implemented.
197	Recommendation / Request	Mary Beth Cournoyer	Parent	Case Management entities should be able to divide the roles as they see fit- Plan facilitation, community mapping and creating and monitoring plans could be completed by one or numerous people. Plan facilitators who have an in-depth knowledge of tools (Charting the Lifecourse, MAPS, PATHS) need a certain skill set. Case managers require a different skill set of completing steps in a timely fashion. Challenges: • The job description is too big and too broad to assure fidelity to a meaningful process • No language included about community mapping or the requirement that they build a directory of services, supports and resources Recommendations: • Change out the word "arrange" to "creates connections" to services & supports and resources	RI EOHHS appreciates your feedback and has begun discussing the issues you raise. We will be reaching out to explore your concerns at greater length in the near future.
198	Recommendation / Request	Mary Beth Cournoyer	Parent	Challenges: • It is unclear why there would be a separate section for individuals who use self direction as all individuals should be offered the same umbrella of choices to access as they see fit Recommendations: • Eliminate this section as all individuals should be provided with the same process to connect with services supports and resources (paid and unpaid)	RI EOHHS appreciates your comment. The distinction you note was made for the purposes of clarity. We believe it is important to define the case manager's role in self-direction in those areas in which it is distinct from the process for agency-based services.
199	Recommendation / Request	Mary Beth Cournoyer	Parent	• A person centered plan should inform an Individual Service Plan • PCPs change with every meeting. Calling everything a person centered plan is confusing	A written person-centered plan, created by a case manager, is a federal requirement. This is one of several areas in which decisions made by the State are designed to comply with federal regulations that pertaining to HCBS quality and reporting in addition to the final rule.
200	Recommendation / Request	Mary Beth Cournoyer	Parent	Person Centered Planning- It states that this is more of a conversation- change to through the use of tools and conversation individuals identify goals and determine what life experiences they have or may want, when it would happen and who would support them to engage in the chosen experiences in their community	The state's definition of person-centered planning aligns with federal rule and presents a high-level overview. This process is defined in more detail throughout the CFCM Strategic Plan.
201	Recommendation / Request	Mary Beth Cournoyer	Parent	• Activity # 1 says linking the participant with medical, social, educational and employment HCBS providers or other programs- this sounds like there are medical, social and educational HCBS providers the way it is written. This is confusing. • Arranging sounds too much like the Case Manager is the one in control. Prefer the word connecting	RI EOHHS will clarify "medical, social, etc." in the updated CFCM Strategic Plan and will consider your recommendation regarding "connecting".
202	Recommendation / Request	Mary Beth Cournoyer	Parent	CMS ASSURANCE REQUIREMENTS Service planning bullet #2 change to "updated at least annually"	Thank you for your feedback. We will consider your comment as part of the State's updated CFCM Strategic Plan.
203	Recommendation / Request	Mary Beth Cournoyer	Parent	Under Medicaid HCBS Participant add • Identifies what can and cannot be discussed • Is the driver of the conversation to the best of their ability Conflict Free Case Manager add • Maintain a directory (beyond DD funded services) that identifies and describes resources (money, services, devices, materials or staff assistance)	The RI EOHHS anticipates maintaining an automated resource directory in its WellSky Case Management System.
204	Recommendation / Request	Mary Beth Cournoyer	Parent	• Add- good computer skills • NOT connected to any agency that provides direct support to individuals • Successful completion of Person Centered Thinking Training and ACRE mini-certificate on Vocational Assessment preferred	"Computer skills" will be added to the required Conflict-Free Case Manager Skills. All CF case managers will be required to complete training on person-centered thinking. We will review ACRE mini-certification as we explore the range of acceptable training options.
205	Recommendation / Request	Mary Beth Cournoyer	Parent	Section of Why CFCM and PCP are needed should be expanded. I would add the following bullets before the 4 listed: • Limit any conscious or unconscious bias a care manager or agency may have • Promote individual's choice and independence • Provide independent monitoring and oversight	RI EOHHS appreciates your input and will add the suggested language in the updated Strategic Plan.

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206	Recommendation / Request	Mary Beth Cournoyer	Parent	Person Centered Plan (PCP) vs. Individual Service Plan (ISP) language- You have used the terms PCP and ISP interchangeably. Through the use of conversations and tools an individual identifies which life domains to focus on which creates a profile. The individual along with trusted allies and others present in the meeting(s) participate to build an action plan. The profile plus the action plan create a PCP. An individual has the right to go forward and backward as they make progress with their goals or change their focus. A PCP IS JUST A SNAPSHOT. IT IS A PROCESS THAT BREATHES AND CHANGES. AN ISP IS CREATED ONCE EACH YEAR AND IS INFORMED BY THE PCP. Challenges: • Interchangeable use of PCP and ISP language is very confusing. • Doesn't encourage the individual to revisit and revise the PCP as often as they make progress, have a life transition or just plain get stuck • Doesn't promote changing who is included in each meeting based on the individual's chosen life domains • Lacks language about "Life Transitions" • Lacks language about who/how/where to submit grievances individuals may have with their case manager Recommendations: • Reword the language to acknowledge the difference and make the terms more universal with processes from other states • Identify sufficient funding to allow all individuals to revisit and change their PCP's as they desire • Individuals should still have the option to retain a plan writer who would write the service plan as informed by the PCP	ISP is not a term that is used in the CFCM Strategic Plan. We will clarify in the definitions section of the updated plan.
207	Recommendation / Request	Mary Beth Cournoyer	Parent	Your language references significant changes- change language to any life transitions	RI EOHHS will maintain its current language.
208	Recommendation / Request	Peggy Terhune	Unknown	How do we get copies of these slides? Where will they be posted?	All materials regarding this effort will be posted to the EOHHS website: https://eohhs.ri.gov/initiatives/ltss-no-wrong-door/conflict-free-case-management-and-person-centered-planning-cfcmpcp
209	Role of DDOs	Joanne Malise	Living Innovations, Mosaic	Will DDO still be able to have support coordination for the day to day needs of people supported?	The DDOs will continue to provide those facets of support coordination required to effectively implement the person-centered plan and deliver services that are not a component of CFCM.
210	Role of DDOs	Linda N. Ward	Opportunities Unlimited, Inc.	P. 23, the HCBS provider may complete their own assessment. Duplicative and who will do this at the provider as support coordinator funding is being taken away. The notion that this role is in the new rate model being developed has not been verified. Day to day oversight remains with DDO and yet no allocation for this role.	The HCBS provider may complete their own separate assessment to provide services and implement the person-centered plan. This is separate and different from the functional needs assessments that State staff perform in conjunction with the eligibility determination process and any additional program required assessments. The role of the HCBS provider in providing support coordination is different than the services provided by the conflict-free case manager.
211	Role of DDOs	Linda N. Ward	Opportunities Unlimited, Inc.	The concept articulated throughout this document that the CFCM will complete discovery, develop person centered plan, arrange for services and supports and monitoring negates the role of the provider – whether a DDO or self directed. Discovery is a process and not a one time task and often requires the person receiving supports to have a relationship built of trust and knowledge for it to be completed thoroughly and accurately. Excluding the DDO or self directed staff from participation in this process may result in lack of a "total picture" of needs and wants. CMS does not appear to exclude DDOs or others from process. Is this a state policy?	Our hope is that the CF manager will develop a relationship with the HCBS participants and their providers to facilitate and support the person-centered planning process. DDOs and other HCBS providers may be included in the process of developing the person-centered plan at the participant's request. In addition, the HCBS provider may recommend revisions to the draft person-centered plan to the CF case manager prior to implementation. After the person-centered plan is final, the HCBS provider will develop specific strategies to deliver service and supports as outlined in the person-centered plan. This may include the HCBS provider completing their own type of needs evaluation or assessment.
212	Role of DDOs	Linda N. Ward	Opportunities Unlimited, Inc.	On p. 4 under roles and responsibilities please clarify what is meant by "The DDOs will not be allowed to develop person-centered plans and provide direct care services due to CMS conflict of interest regulations". Who will provide daily case management, plan implementation?	Conflict-free case managers will support Medicaid HCBS participants to develop a person-centered plan that will help them gain access to services and maintain independence at home. HCBS providers will complete an implementation plan that includes the details of how services will be provided and provide day-to-day support coordination to implement those services.
213	Role of DDOs	Linda N. Ward	Opportunities Unlimited, Inc.	The concept that the DDO is not a participant at the person centered planning meeting is contrary to what was said a few weeks ago in a call with CMS. In fact the representative from CMS seemed surprise that this would be done as the HCBS provider is the one responsible to implement the plan.	The HCBS participant will determine who will be engaged in the person-centered planning process. Nothing in the Strategic Plan as currently written prohibits HCBS provider participation.
214	Role of DDOs	Samuel Salganik	RIPIN	Role of DDOs: We recommend that the State consider allowing DDOs to provide CFCM services to individuals who are not receiving services from that agency, at least for some period. The draft plan says that DDOs would not be allowed to serve as CFCMs. That prohibition, however, does not come from the federal regulations, which say clearly that a provider cannot provide services and case management to the same individual. Again, this decision about barring DDOs from the system seems to be a State policy choice, and one that brings risks. The DD population has some intensive and unique needs that might be hard for other organizations to manage quickly and competently. It might be worthwhile to leverage the DDOs' deep expertise with this community.	RI EOHHS will not allow DDOs to provide CFCM due to federal requirements and our CAP with CMS.
215	Role of DDOs	Samuel Salganik	RIPIN	Ann said that DDOs cannot provide CFCM. I read the rule as saying that providers can't provide services and CFCM to the SAME PATIENT. Would it be possible for DDOs to provide CFCM to a patient who receives services from a different provider? Or is that off limits too?	The EOHHS is aware that several states have adopted this approach out of necessity. In reviewing our options for implementing CFCM, we discussed with our technical advisors and the CMS the circumstances under which pursuing a similar approach in RI would be permitted and best serve HCBS participants. We were advised that the states that have implemented this arrangement were generally allowed to do so because of geographical barriers - i.e., too great of distance for a participant to travel to obtain CFCM from an entity other than a direct service provider. Such geographic barriers do not exist in a state as small as a RI. In addition, we were informed of the significant administrative requirements associated with building and monitoring firewalls that permit a direct service provider to perform person-centered planning and case management functions for participants of another direct service provider that serves the same population. When there are multiple direct service providers as in RI that are tied financially and that overlapping caseloads and financing arrangements and participate in multiple HCBS programs, assuring compliance with the HCBS final rule and federal reporting requirements is even more challenging and costly. In summary, we chose not to pursue the approach the commenter suggest because we: (1) do not have the geographical barriers that CMS indicated were acceptable grounds used by other states for doing so; and (2) even if we found another rationale acceptable to CMS for allowing such arrangements, we do not have the infrastructure or resources to erect and monitor firewalls between and across direct service providers.
216	Self-Direction	Deb Burton	RI Elder Information	How does the Support Broker role interact w/ the State's Critical Incident Reporting Requirements	Additional information is forthcoming regarding critical incident reporting requirements across HCBS populations. CFCM implementation will not alter current requirements or practices in any way.
217	Self-Direction	Debra Masland	RI Parent Information Network	What will be the process for self directed individuals to get services. Will they have to apply to agencies? How is this going to work? Is there going to be a fee that come out of my daughters account to pay for those resources?	The role of the CF case manager and services under self-direction are described in the CFCM Strategic Plan. CFCM will not be paid for through the HCBS participant's budget and does not interfere with the actual choice and self-direction of services.
218	Self-Direction	Mary Beth Cournoyer	Parent	The States plan tends to provide for the needs of individuals who use Provider Agencies more than Self Direction. The State of Rhode Island has nearly 25% of individuals with IDD using self direction by design and default. This plan needs to create an ongoing dedicated process for all individuals to build lives (not schedules). The section that describes the process for individuals using self direction is insufficient.	The role of the CF case manager and services under self-direction are described in the CFCM Strategic Plan. CFCM will not be paid for through the HCBS participant's budget and does not interfere with the actual choice and self-direction of services. The CF case manager plays a supportive role in developing a plan and assisting the participant in connecting to services at the direction of the participant.
219	Self-Direction	Parental Response by John and Connie Susa	Parent	We do not see a lot of acknowledgement that this is the case, nor do we see evidence that there has been a lot of discussion among the larger beneficiary community about how self-direction and conflict free case management interface. One of the most appealing features of self-direction is that it allows users greater control of what they need and do without conflict with the agency or their funder, the state.	The role of the CF case manager and services under self-direction are described in the CFCM Strategic Plan. CFCM will not be paid for through the HCBS participant's budget and does not interfere with the actual choice and self-direction of services.
220	Self-Direction	Suzanne Carson	SA	The state to consider Self-directed service advisors as a service delivery provider. The workflow differences within the program differs some from the CFCM role.	The State does not define SAs as an HCBS provider; therefore, SAs can apply to provide CFCM.
221	Self-Direction	Suzanne Carson	SA	Pg. 10 Support Broker- will this replace the service advisor?	RI EOHHS is currently defining the support broker role. Additional information regarding this topic is forthcoming.

RI CFCM Implementation
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222	Shared Living	Jennifer P. Crosbie; Pamela Arseneau (From SeniorLink)	Shared Living Provider	We fear, however, that, as currently crafted, the Plan will only further complicate the ability of Medicaid members to access Shared Living and create further confusion regarding the respective roles and responsibilities of CFCM contracted entities, State DHS employees, and Shared Living providers.	CFCM is meant to make the process easier for the participant in finding needed services. We will address this issue at greater length in stakeholder meetings.
223	Shared Living	Jennifer P. Crosbie; Pamela Arseneau (From SeniorLink)	Shared Living Provider	The State should take a critical look at the current service authorization process for Shared Living to ensure that the process is equitable and improves access to Shared Living for members and families that would choose the service if the authorization process was less cumbersome. Members who are eligible for Shared Living are subjected to a much more complex service authorization process compared to authorization processes for other LTSS. Shared Living authorizations take, on average, three to six months to complete and are so administratively burdensome that members and families are forced to choose alternate services that are not their preferred option. The Plan describes CFCM responsibilities that, as proposed, must be conducted sequentially and will delay service authorizations for members and families further still by an estimated additional four to six months. The State should conduct a comprehensive and transparent review and revision of Shared Living service authorization requirements to address barriers and improve access for members interested in choosing Shared Living.	CFCM is meant to make the process easier for the participant in finding needed services. We will address this issue at greater length in stakeholder meetings.
224	Shared Living	Jennifer P. Crosbie; Pamela Arseneau (From SeniorLink)	Shared Living Provider	We strongly disagree, however, with the conclusion drawn in the proposed Plan that the majority of Shared Living provider responsibilities are duplicative of State case management responsibilities. Further, the Plan also appears to suggest that Shared Living providers are simply brokers of personal care services and signals a significant erosion of the key components that are essential to the delivery of impactful Shared Living services. We believe the conclusion is flawed and that the subsequent proposed revisions reflect a misunderstanding of the core functions of the Shared Living service performed by providers. The State's analysis significantly diminishes the role of Shared Living providers, suggesting that providers are merely brokers of personal care services for members. The analysis does not recognize that the primary roles and responsibilities of Shared Living providers include extensive support and oversight of the family caregivers who are delivering care. For example, the Plan fails to recognize that Shared Living providers conduct comprehensive assessments of caregivers' strengths and needs as necessary to ensure that caregivers can meet the needs of members. Further, Shared Living service and safety plans are designed to address assessed caregiver support needs (e.g., addressing caregiver self-care, reducing caregiver stress, developing strategies to manage complex medical conditions and behaviors at home). These goals would align and support member needs that will be identified through the CFCM care plan. Because of the issues identified with the State's analysis performed to date, we recommend that the State engage more collaboratively with Shared Living providers to ensure a thorough and accurate assessment. This collaboration is necessary to reduce the risk that the State will inadvertently damage a service that is critical to family caregivers and to the State's HCBS delivery system.	RI EOHHS values the important work that Shared Living provider agencies provide. We do not anticipate that the implementation of CFCM will undermine the important work they already do.
225	Shared Living	Marissa Ruff	SA - Seven Hills	Accessing Shared Living is complicated as is- is this going to increase complexity for the member, which could potentially result in the consumer going through a different program that may not be appropriate for their needs but easier to access?	CFCM is meant to make the process easier for the participant in finding needed services. We will address this issue at greater length in stakeholder meetings.
226	Stakeholder Engagement	Kim S.	Unknown	Will there be a meeting down the road directly for specific agencies - for example ADC in order to answer questions as they relate to our center?	Additional meetings with stakeholders are forthcoming.
227	Stakeholder Engagement	Deb Burton	RI Elder Information	Will there opportunity for further comment after the State responds to questions submitted by 12/23/22?	Yes. You can always submit your questions to OHHS.LTSSNWD@ohhs.ri.gov.
228	Stakeholder Engagement	Debra Hurwitz	Care Transformation Collaborative of Rhode Island	Has there been sufficient input from caregivers and persons with lived experience to help inform and ensure an effective delivery system?	Yes. The initial draft of the Strategic Plan was authored by a subcommittee of a stakeholder group largely composed of consumers -- i.e., participants, family members and their advocates. In addition, RI EOHHS held multiple stakeholder engagement sessions prior to the release of the CFCM strategic plan and will continue to do so as it implements CFCM statewide.
229	Stakeholder Engagement	Debra Hurwitz	Community Provider Network of Rhode Island	It is CPNRI's impression that the scope and size of the reform proposed would create more risk to the consumer than benefit. Stakeholder input from previous public engagements with the State do not appear to have been incorporated and concerns have not been addressed, nor are stakeholders familiar with the corrective action plan that Rhode Island has proposed to CMS which would inform our comments more thoroughly.	The CMS correction action plan will be shared with stakeholders once it is approved by CMS. RI EOHHS will continue to meet with stakeholders and solicit feedback as it continues to design and implement CFCM in accordance with federal regulations. We acknowledge that these efforts in the future would be more effective if we met with various stakeholders that share interests in smaller group settings and will pursue a more target approach for obtaining input going forward.
230	Stakeholder Engagement	Jennifer P. Crosbie; Pamela Arseneau (From SeniorLink)	Shared Living Provider	The State should establish a collaborative working group to promptly and substantially overhaul the Shared Living Program Standards to ensure that they accurately describe the roles and responsibilities of provider agencies and do not contribute to the misunderstandings that are reflected in the proposal. Originally drafted in 2010 and supplemented with additional provider checklists and required forms, the text of the Standards, as currently written, contribute to confusion regarding the roles and responsibilities of Shared Living providers and of State employees. The State must be receptive to the input of Shared Living providers regarding revisions to the Standards to ensure that all service components are reflected, and that the roles and responsibilities of State employees, new CFCM contracted entities, and Shared Living providers are clearly and accurately defined.	RI EOHHS will continue to meet with Shared Living provider agencies and other stakeholders as it implements CFCM.
231	Stakeholder Engagement	Kathleen Samways	Unknown	Will there be outreach through senior centers and places?	RI EOHHS will consider this as part of its State's communication strategy. The State's communication strategy and timing of outreach efforts will be described in more detail in the State's Participant Transition Plan.
232	Stakeholder Engagement	Marissa Ruff	SA - Seven Hills	What is the level of provider engagement that will happen when designing this process? Often we are told what will happen versus collaborative discussion to ensure success for all entities	RI EOHHS held multiple stakeholder engagement sessions prior to the release of the CFCM strategic plan and will continue to do so as it implements CFCM statewide. Our goal is to increase the opportunities for stakeholder input in upcoming weeks and months.
233	Stakeholder Engagement	Marissa Ruff Amy Grattan; Morna A. Murray; Kevin Nerney Parental Response by John and Connle Susa	SA - Seven Hills Sherlock; Disability Rights RI; RI Developmental Disabilities Council Parent	Involve providers in the process of redrafting the standards for the agencies to meet the needs of the CFCM role out. Standards will need to be rewritten-- and providers should be at the table for this process best to convene a group to map out and address the CMS requirements in the least restrictive and bureaucratic way possible. This group should include people who receive services, facilitators, family members, advocates, and providers. We are attaching what we believe to be the entirety of the CMS requirements to this letter. As the state is required to have conflict free case management in place for individuals with I/DD by July 1, 2023, time is of the essence to convene this group. We understand the urgency and need for progress in this area Still, some of the most important voices seem to have been ignored by the team that has created this strategic plan. Particularly concerning is the fact that those with lived experience as beneficiaries and their family members were not part of the final work group that drew up this specific plan	RI EOHHS held multiple stakeholder engagement sessions prior to the release of the CFCM strategic plan and will continue to do so as it implements CFCM statewide. Our goal is to increase the opportunities for stakeholder input in upcoming weeks and months.
234	Stakeholder Engagement	Mary Beth Cournoyer	Parent	There is a lot of very smart and well researched information however the document was very difficult to follow. It would have been helpful to divide it into separate documents. There was a lot of repetitiveness as you stated information in the Model description, communication information, education components all intertwined with the strategic plan information. The Model should be built, reviewed and revised by external stakeholders first. Then a broad stakeholder workgroup should be assembled to complete: • A Planning Phase- which would resolve outstanding questions related to CFCM • A Design Phase- translates the information from the planning phase to specific requirements for CFCM • An Implementation Phase- implements all changes developed in Design Phase and conducts a survey of individuals and families to evaluate effectiveness	RI EOHHS will post fact sheets and other stakeholder materials in the coming months. RI EOHHS held multiple stakeholder engagement sessions prior to the release of the CFCM strategic plan and will continue to do so as it implements CFCM statewide.

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235	Stakeholder Engagement	Parental Response by John and Connie Susa	Parent	This is particularly concerning because, as far as we are aware, most of the decisions about conflict-free case management were made when beneficiaries or their family members were not present. When self-direction was brought up, we were told that the CFCM discussion and planning did not apply to the self-direction realm. Our reading of this current document implies everyone, including those who use self-direction, will need to go through the portal of CFCM. If that is the case, I think this current draft not only needs more clarification, but maybe also more discussion in which beneficiaries with lived experience with self-direction must have an opportunity to hear and respond to what we think is a major change in thinking by EOHHS.	RI EOHHS will clarify self-direction in its updated CFCM Strategic Plan.
236	Stakeholder Engagement	Samuel Salganik	RIPIN	Managed LTSS Products: We appreciate that the State plans to work with stakeholders "over the next year" to determine the best approach to CFCM for populations with managed care where LTSS is part of the managed care benefit package (e.g. current MMP). This is a pretty important piece of the puzzle, so we look forward to this conversation.	Thank you for your comment. We look forward to these conversations as well.
237	System Capacity	Marissa Ruff	SA - Seven Hills	If caseloads for CFCM's will be 50-- how many employees will need to be hired, where are you finding them?	Based on an average caseload of 48 and 11,387 Medicaid HCBS participants, RI EOHHS anticipates that it will need approximately 237 case managers statewide. This analysis and the State's updated enrollment count of 11,387 will be part of the updated CFCM Strategic Plan. RI EOHHS will assess system capacity when it releases its RFI.
238	System Capacity	Deb Burton	RI Elder Information	How many are reasonably expected to be available to chose from? A caseload not to exceed 48 would mean the CFCM agency has 250 case managers on staff. This could cause a capacity issue for many potential CFCM agencies.	Based on an average caseload of 48 and 11,387 Medicaid HCBS participants, RI EOHHS anticipates that it will need approximately 237 case managers statewide. This analysis and the State's updated enrollment count of 11,387 will be part of the updated CFCM Strategic Plan. RI EOHHS will assess system capacity when it releases its RFI.
239	System Capacity	Deb Burton	RI Elder Information	In order to offer choice (referenced on page 22 of this document) more than 1 CFCM agency would need to be contracted. 12,000 clients/48 per caseload = 250 case workers Assume 40 hr wk/4 wks=160hrs. Most months have 1 holiday-subtract 8 hours leaving 152 work hours Subtract 2hrs/month for supervisor meetings = 150 work hrs 150/48 clients=3hrs per month per client 250 caseworker with a 10:1 ratio = 25 Supervisors	We agree with your approach to calculating case manager capacity. We will address system capacity in the updated CFCM Strategic Plan and we will further assess system capacity when we release an RFI for CFCM services.
240	System Capacity	Community Provider Network of Rhode Island	Community Provider Network of Rhode Island	RI is currently experiencing a significant workforce shortage across State government and all health and human service agencies. The proposed plan will require the State to "lift up" a very large entity, or multiple smaller entities, to operationalize the plan as detailed. The staff that will be needed to be hired will undoubtedly be a skilled workforce in the areas of support coordination and case management that are currently employed at provider agencies across the State. This increased demand for this skilled workforce will be difficult to recruit and has the potential to destabilize provider organizations who rely on skilled coordinators to implement PCPs. As constructed, providers will still participate in the day-to-day implementation of the plan, and be responsible for documenting outcomes and coordinating with the CFCMs. The roles needed within organizations will not be minimized by this proposed plan, but, instead, will require a scaling up of an additional 15-250 (25?) skilled CFCMs at a time when there is evidence that this is not achievable.	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity. Case manager capacity will be assessed when the State releases its RFI. We recognize that the scope of this initiative will require building a new workforce. Accordingly, a phased in implementation over CY 2024 is an important element of our compliance strategy and will be explained in greater detail in the State's Participant Transition Plan.
241	System Capacity	Deb Burton	RI Elder Information	What are the consequences if the participant does not achieve the stated goals-for example there are not enough homecare CNA's ? Is the CFCM agency penalized?	The CFCM agency will not be penalized if a participant does not meet his or her goals.
242	System Capacity	Deb Burton	RI Elder Information	The draft plan indicates an expected case load of 48 participants. With 12k people on service now that would come to about 250 case managers in the CFCM Agency correct? If so, what is the current capacity?	That is correct. RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity. Case manager capacity will be assessed when the State releases its RFI. We recognize that the scope of this initiative will require building a new workforce. Accordingly, a phased in implementation over CY 2024 is an important element of our compliance strategy and will be explained in greater detail in the State's Participant Transition Plan.
243	System Capacity	Deb Burton	RI Elder Information	The high staff turnover at homecare agency providers may make this extremely difficult-what is the motivation to make them participate in the CFCM process or will this be part of their care planning process? HCBS providers-who will report to CFC Mangers-who are NOT their payor source when people are dropped from the agencies services?	To comply with applicable federal law and regulations, RI EOHHS must require that all Medicaid HCBS providers deliver services in accordance with the person-centered plan and coordinate and work with a CFCM.
244	System Capacity	Debra Hurwtiz	Care Transformation Collaborative of Rhode Island	Workforce capacity issues right now in RI are significant. Provider organizations have needed to increase wages to be rightfully competitive in recruiting and retaining staff. Reimbursement rates need to factor in providing a competitive wage.	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity. Case manager capacity will be assessed when the State releases its RFI. We recognize that the scope of this initiative will require building a new workforce. Accordingly, a phased in implementation over CY 2024 is an important element of our compliance strategy and will be explained in greater detail in the State's Participant Transition Plan.
245	System Capacity	Jennifer P. Crosbie; Pamela Arseneau (From SeniorLink)	Shared Living Provider	Shared Living services are even more critical now as, like other States across the country, Rhode Island struggles to retain sufficient professional LTSS workforce to meet an unprecedented demand for care at home. Rather than addressing the current barriers that limit access to Shared Living, the proposed CFCM Strategic Plan instead introduces additional barriers for members and families.	CFCM is meant to make the process easier for the participant in finding needed services. We are aware of the need to streamline access and are confident that implementation of CFCM along with several other ongoing LTSS Redesign efforts will improve participant access to services. Regarding capacity, this will be assessed when the State's RFI is released.
246	System Capacity	Linda N. Ward	Opportunities Unlimited, Inc.	P. 21 , conflict free case management agencies may not refuse any assigned or reassigned participant – what happens if the CFCM agency is at capacity and cannot immediately perform required tasks/functions?	The RI EOHHS will carefully monitor utilization across the CFCM network. Participants will not be assigned to a CFCM agency if they are at capacity.
247	System Capacity	Marissa Ruff	SA - Seven Hills	This can be an opportunity to open the standards, redefine processes based on what providers do, redefine service auths and process-- people in the community are not accessing shared living due to easier access-- this is a problem and is not no wrong door	Thank you for your comment. We agree and will use this process along with other LTSS redesign efforts to streamline access to the full extent feasible.
248	System Capacity	Marissa Ruff	SA - Seven Hills	How is equity going to be determined when capacity is an issue?	The RI EOHHS is strongly committed to ensuring equity in access. Pursing a statewide approach focusing on bringing CFCM to all Medicaid HCBS populations is an important first step.
249	System Capacity	Parental Response by John and Connie Susa	Parent	This new initiative proposes to serve many more people in many more ways without realistic estimates of time and personnel required to enact its goals. We don't see any evidence that there are a clear projection and means for moving forward and continuing the existence of these CFCM centers once the federal and other special incentives disappear. We worry that funding will be diverted from direct supportive services to the maintenance and perpetuation of a bloated bureaucracy. Neither did we see any discussion about where the personnel staffing these centers will come from. Many of the skills and expectations of competencies are advanced enough that there may be an insufficient and inadequate pool of qualified workers without a significant attempt to retrain existing or new personnel. What financial and future training resources have been identified? Without them, it makes no sense to step forward into this morass of bureaucratic regulation.	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity. Case manager capacity will be assessed when the State releases its RFI. We recognize that the scope of this initiative will require building a new workforce. Accordingly, a phased in implementation over CY 2024 is an important element of our compliance strategy and will be explained in greater detail in the State's Participant Transition Plan.
250	System Capacity	Samuel Salganik	RIPIN	Scale & Workforce: Serving 12,000 beneficiaries at average caseloads of 48 will require 250 front-line case managers, plus supervisors, managers, billing staff, etc. This is a substantial operational lift. It might benefit the State and the community to scale down that ambition, to focus on the pockets of LTSS recipients most in need of support, to phase in the implementation of this plan more carefully, and to think harder about existing capacities in the community that can be leveraged to provide this service.	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity. Case manager capacity will be assessed when the State releases its RFI. We recognize that the scope of this initiative will require building a new workforce. Accordingly, a phased in implementation over CY 2024 is an important element of our compliance strategy and will be explained in greater detail in the State's Participant Transition Plan.
251	Timeframe Requirements	Deb Burton	RI Elder Information	What will be the required turn around time to contact the client between Medicaid approval and assignment to CFCM agency and referral to HCBS?	Expected timeframes will be clarified and further described in the State's RFP.
252	Timeframe Requirements	Deb Burton	RI Elder Information	What is the anticipated time frame from approval to referral to a CFCM provider?	Expected timeframes will be clarified and further described in the State's RFP.
253	Timeframe Requirements	Linda N. Ward	Opportunities Unlimited, Inc.	The timeframes for the CFCM submitting referrals to HCBS providers appear unrealistic – 2 days for CFCM to make a referral to HCBS provider and follow up within 2 days. And what information will be sent with referral? Person centered plan is usually not enough. Enter plan within 10 days to state – very tight timeframe.	Expected timeframes will be clarified and further described in the State's RFP.
254	Timeframe Requirements	Suzanne Carson	SA	Pg. 36- time frame for Ongoing Monitoring contacts, "the case manager should enter contact notes in the states LTSS CIMS in a timely manner."	Expected timeframes will be clarified and further described in the State's RFP.
255	Timeframe Requirements	Suzanne Carson	SA	Suggestion to define timely manner, i.e. within 24 hours of the contact. Set the expectation. If the CFCM is unable to meet the guideline, the CFCM will clearly state within the note of the late entry.	Expected timeframes will be clarified and further described in the State's RFP.

RI CFCM Implementation
Stakeholder Feedback Received from December 2022 through January 2023
Date Last Updated:** **February 17, 2023
**RI EOHHS responses are accurate at the time of posting; however, state responses may change as CFCM is implemented. Please refer to the most recent stakeholder questions and answers for the most up-to-date and accurate information.*
The table below is sorted by stakeholder theme and the submitting party name.

Ref. #	Stakeholder Theme	Submitting Party Name	Stakeholder Affiliation	Question(s)/Comment(s)	RI EOHHS Response
256	Training	Mary Beth Cournoyer	Parent	I would like to know more about content of required trainings, building of community of practice, ongoing adherence to required trainings and qualifications. I think there is a missed opportunity to utilize Independent Brokers of Case Management	RI EOHHS is currently developing a training curriculum for CFCM. RI EOHHS will share its training curriculum with stakeholders once it is further developed.
257	Training	Deb Burton	RI Elder Information	Please include training on working with: adults with intellectual and developmental disabilities as well mental illness and substance abuse education, prevention, and treatment.	RI EOHHS will consider this recommendation as it develops a training curriculum for CFCM. RI EOHHS will share its training curriculum with stakeholders once it is further developed.
258	Training	Deb Burton	RI Elder Information	Because the CFCM strategic plan defines the need for CFCM as "including HCBS programs serving participants with intellectual and developmental disabilities (I/DD) and participants served through Medicaid's Elders and Adults with Disabilities (EAD) " (page 12 1st paragraph) These are 3 different populations identified. Reporting Critical Incidents should be consistent with TITLE 42 State Affairs and Government CHAPTER 42-66 Office of Healthy Aging SECTION 42-66-8 § 42-66-8. Abuse, neglect, exploitation, and self-neglect of elderly persons – Duty to report. Will Adult Protective Services become a system similar to other states with protections provided for every disabled adult over 18? (For example the 35 year old person with MS who's caregiver doesn't show up, the 52 year old with Parkinson's confined to a chair so their caregiver can go to work etc.) The Older Americans Act requirements should also be included	Adult Protective Services will continue to operate in accordance with RIGL 42-66-4.1; 42-66-8-8.2; 42-66-9-11. Additional information is forthcoming regarding critical incident reporting requirements across HCBS populations. CFCM implementation will not alter current requirements or practices in any way.
259	Training	Marissa Ruff	SA - Seven Hills	Inequity across all HCBS programs today-- how will the CFCM entity understand all of these programs and what is the training plan to understand the programs to improve member access? Who is going to be educating DHS, or the CFCM entity on these programs in order to adequately share the information	RI EOHHS conducted comprehensive trainings on HCBS resources in conjunction with the implementation of Person-center Options Counseling (PCOC) with considerable success. We will expand on these training modules with the assistance of program experts and our community partners and it will be included in the CFCM training curriculum.
260	WellSky Case Management System	Deb Burton	RI Elder Information	What agency will maintain the list of providers that are able to serve specific counties? RI Dept of Health does not currently provide this level of detail. How will HCBS capacity to accept new Medicaid clients be updated so that the CFCM can provide	RI EOHHS is in the process of defining the provider referral process and the HCBS providers' role in WellSky. Additional information is forthcoming as this process is defined.
261	WellSky Case Management System	Deb Burton	RI Elder Information	How will HCBS capacity to accept new Medicaid clients be updated so that the CFCM can provide accurate information?	RI EOHHS is in the process of defining the provider referral process and the HCBS providers' role in WellSky. Additional information is forthcoming as this process is defined.
262	WellSky Case Management System	Deb Burton	RI Elder Information	Could this be an opportunity for EOHHS to partner with RI Elder Info to maintain knowledge of community resources?	RI EOHHS will consider this suggestion at a later date.
263	WellSky Case Management System	Deb Burton	RI Elder Information	This acronym, CIMS, is the same as the Critical Incident Management System which can make this confusing when abuse reports are required.	RI will use "WellSky Case Management System" to refer to its new case management system. This language will be used in the updated CFCM Strategic Plan.
264	WellSky Case Management System	Debra Hurwitz	Community Provider Network of Rhode Island	Reassess the approach to centralize data and case management systems to ensure usability, testing, and implementation that can be mapped out and is a reasonable investment. Most organizations have independently built case management systems and would be required to switch platforms or duplicate their work. It is unclear if the State would support the investment and roll out, training, and IT upkeep of a statewide case management system. Further, technology implementation requires significant staff resources and operational changes to ensure smooth implementation and limited impact on the beneficiary.	RI EOHHS will maintain funding for and maintenance of the State's WellSky case management system (WCMS).
265	WellSky Case Management System	Marissa Ruff	SA - Seven Hills	WellSky-- we will be required to use this-- and how will this be funded/what is the training that will be involved with this for providers?	WellSky will be required for all conflict-free case management agencies. Training and additional information regarding this software will be provided closer to implementation. RI EOHHS is in the process of defining the HCBS providers' role in WellSky. Additional information is forthcoming as this process is defined.
266	WellSky Case Management System	Marissa Ruff	SA - Seven Hills	What is this system [LTSS CIMS] going to serve and who will have access to this?	The State's WCMS will serve as the official case record for participants. State staff and conflict-free case managers will be the primary users; however, additional users may be identified as this system is built.
267	WellSky Case Management System	Marissa Ruff	SA - Seven Hills	WellSky- replacing CSM and CDM- is this the system that the CFCM agency is communicating with provider agency?	CSM and CDM will eventually be replaced by the State's WellSky case management system (WCMS). RI EOHHS is in the process of defining the provider referral process and the HCBS providers' role in WellSky.
268	WellSky Case Management System	Mary Beth Cournoyer	Parent	This is unclear- if the case manager provides a list of all enrolled HCBS providers- what happens if a Provider is at capacity. Needs to be reworded.	RI EOHHS is in the process of defining the provider referral process and the HCBS providers' role in WellSky. Additional information is forthcoming as this process is defined.
269	WellSky Case Management System	Samuel Salganik	RIPIN	The draft written plan says that all CFCM agencies will have to use the State data system, including for case notes. Agencies will probably have their own data systems too, and they will need them for internal coordination, oversight, etc. Have you considered limiting the double-entry by requiring that only certain critical data (e.g. not every case note) go into the State system?	The State's WellSky case management system (WCMS) will serve as the official case record for participants. Conflict-free case managers are required to use the State's WCMS and not their own systems.
270	WellSky Case Management System	Samuel Salganik	RIPIN	Centralized Case Management System: We strongly recommend that you consider flexibility on the extent of CFCM agencies reliance on the State's WellSky system. It's clear that the State needs some information in a centralized system, but it is unlikely that the State needs things like case notes. The reality is that agencies will likely have (and need) their own systems too in order to maintain agency-wide supervision standards and reporting. Double entry doesn't work well for anyone and should be minimized.	Conflict-free case managers are required to use the State's WellSky case management system (WCMS) and not their own systems.
271	WellSky Case Management System	Suzanne Carson	SA	The current computer system that determines participants budgets, how will that be integrated?	RI's current CSM and CDM will eventually be replaced by the State's WellSky case management system (WCMS).