

RI CFCM Implementation
Stakeholder Feedback Received Related to the State's Stakeholder Presentation on May 11, 2023
****Date Last Updated: June 15, 2023***

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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
1	Applications	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(4) How is DHS conducting initial applications with clients? Will it be telephonic?	Applications will be submitted to and processed by DHS.
2	Applications	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(5) Once the application is complete and sent to the appropriate agency, is the agency expected to go out and do another assessment?	No. The functional assessment is used by the CF case manager. One assessment is all that is required.
3	Capacity	Casey Gartland	Unknown	It's not uncommon for CFCM in other states to be handled by the state's DD department	We have looked across the states and are aware that this is the case in other states. The decision to pursue the strategy we have outlined is designed to ensure that best practices are implemented across populations and to leverage existing resources to the full extent feasible. We do not have the resources to maintain separate CFCM systems operated by different state agencies.
4	Capacity	Claire Rosenbaum	Unknown	State DDD Social Case Workers with their caseload do not have capacity to provide the level of Person Centered Planning and oversight required by CFCM.	Please note the State has a significant deficit in social caseworkers and currently has over 22 openings across agencies.
5	Capacity	Deb Burton	RI Elder Information	And in that 1 family with an elder and an adult child with IDDD how many case managers will that household have-one for the parents and one for the child?	There will be one case manager with the capacity to meet both their needs due to cross training and capacity requirements.
6	Capacity	Legislative Staff	Legislature	Capacity. What if the response to your RFP is low? Do you have a plan "b"?	The RFI we recently posted will assist us in assessing the level of interest of vendors. We always have the option of issuing certification standards which would allow any willing provider to participate in the network. We also could pursue a hybrid approach in which we certify some of the HCBS vendors who now provide a less robust form of case management and give them a period to adjust to the more rigorous CFCM standards while, at the same time, we procure new contractual partners through the RFP. The certification standards approach will likely yield more vendors more quickly. However, as we must accept any willing provider, this approach makes it difficult to ensure network adequacy in all areas of the state and manage the flow of participants across CFCM providers. In short, the certification standards strategy is more difficult to manage and assure consistent outcomes. Once we have received and reviewed the responses to RFI, we will share our findings with stakeholders before finalizing our procurement strategy.
7	Capacity	Marissa Ruff	SA - Seven Hills	To be clear: providers are concerned this will result in our existing staff essentially being poached, creating an even bigger staffing crisis	We understand the concerns of providers and share them as recent increases in rates for DD providers are creating similar concerns for providers serving elders and adults with disabilities. In addition, both DHS and BHDDH are having difficulty filling vacancies. However, we do not believe that the rates we set for CFCM will create a competitive disadvantage. We are also will be working closely with colleges and universities in the region to create a new career path and workforce that specializes in case management. It is important that all stakeholders recognize that the HCBS final rule strictly prohibits direct service providers from providing case management and person-centered planning unless a rural exception applies. Due to the size of RI and the fact that we received sufficient interest from potential vendors through the RFI, that the state does not qualify. In the event that we are unable to reach the necessary capacity through procurement, the state will have to provide CFCM. To have the capacity to do so, there will need to be a significant recruitment and retention effort by state agencies, that will also be tapping the same pool of candidates.
8	Capacity	Marissa Ruff	SA - Seven Hills	Have we discussed the overall service capacity issues? CFCM is great but if programs don't even have capacity to take referrals now, where's the choice?	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity.
9	Capacity	Michelle Machado	OSCIL	What happens for those waiting on waitlists... and staffing shortages	The CFCM process is designed to connect people to the services they need. If a participant is waiting for a particular type of service, or provider that serves a particular area, the role of the CF manager is to stay connected with both the participant and provider and ensure the participant is aware of any other service options that are available.
10	Capacity	Michelle Machado	OSCIL	How can we provide CFCM effectively when being faced with a mass staffing shortage. Before we continue we must address the shortages, income and culturally disparities	Thank you for your comment. We are being very conscious of the workforce problems and the equity issues you raise in our RFP for providers. We are open to any suggestions you might have to address your concerns more directlv as well.
11	Capacity	Peter Quattromani	Unknown	The CFCM vendors will hire staff away from the providers, and self directed individuals, further destabilizing service provision and hurting individuals supported.	We understand the concerns of providers and share them as recent increases in rates for DD providers are creating similar concerns for providers serving elders and adults with disabilities. In addition, both DHS and BHDDH are having difficulty filling vacancies. However, we do not believe that the rates we set for CFCM will create a competitive disadvantage. We are also will be working closely with colleges and universities in the region to create a new career path and workforce that specializes in case management. It is important that all stakeholders recognize that the HCBS final rule strictly prohibits direct service providers from providing case management and person-centered planning unless a rural exception applies. Due to the size of RI and the fact that we received sufficient interest from potential vendors through the RFI, that the state does not qualify. In the event that we are unable to reach the necessary capacity through procurement, the state will have to provide CFCM. To have the capacity to do so, there will need to be a significant recruitment and retention effort by state agencies, that will also be tapping the same pool of candidates.
12	Capacity	Peter Quattromani	Unknown	Please-SOMEONE is going to need to hire 200 people!!!@!!!!	No response required.
13	Capacity	Robert Archer	Child and Family of RI	If the State is supposed to do the assessments how do you plan to staff that with the workforce concerns?	We are aware of the workforce shortages and are pursuing an array of options and contingencies to address this issue.
14	Capacity	Robin Ashley Covington	Unknown	will LTSS do a mass hiring?	The State will issue an RFP for CFCM.
15	Capacity	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	Agree Claire, they would need more staff for sure.	No response required.
16	CFCM Service Requirements	Claire Rosenbaum	Unknown	Today, many people with IDD are also working and are not always available during those hours.There are possibly potential case manager who might prefer to work non-traditional hours.	We are exploring every avenue to make sure that CFCM will be available during non-working hours. Responses to the RFI we posted included evening and weekend hours. Respondents indicated that this might be a challenge except on a limited basis due to workforce shortages, so we are looking at incentives. We are open to suggestions and alternatives.
17	CFCM Service Requirements	Jennifer Allen	Unknown	There may be one system, but each component has very specific needs that need to be met.	We believe we can maintain a single system that has the flexibility to meet the needs of all the populations we serve.
18	CFCM Service Requirements	Kristine Sullivan	Disability Rights of Rhode Island	It doesn't seem particularly person-centered to fail to have planning available on the individual's schedule.	The State is seeking to make services available to the full extent possible.

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19	CFCM Service Requirements	Marissa Ruff	SA - Seven Hills	Not to mention needing availability in crisis situations.... Need to ensure there's some sort of system for on call access?	Under federal regulations every person-centered plan must include information -- a back-up plan -- about how a wide range of emergency or unexpected situations are to be handled. The role of medical professionals and service providers in implementing the plan and for managing critical incidents is not going to change. However, we are discussing options for ensuring that the emergency situations are addressed by CFCM entities to the full extent federal regulations require. We have been looking at existing practices across populations and best practices by other states in the region in this area and continuing to consult with our technical advisors as well.
20	CFCM Service Requirements	Mary Barry	Unknown	What will the experience, education and credentials that are needed for an individual to be qualified to do this job?	Case Manager competencies are defined in the CFCM Strategic Plan under section "Conflict-Free Case Manager Qualifications".
21	CFCM Service Requirements	Mary Beth Connoyer	Parent	Is there any progress re: coming to a shared understanding that the plan facilitator and the case manager are two different roles?	Yes. The plan facilitator plays a role in the development of the person-centered plan. The CF manager writes the plan in accordance with the participant's direction, makes connections to providers, and sends the plan to the State for approval and authorization. The role of the plan facilitator in assisting in implementation of the plan is still being fully developed.
22	CFCM Service Requirements	Mary Beth Connoyer	Parent	Do you have input on capturing progress measurement?	We are progressing in accordance with the milestones established in the Corrective Action Plan the State submitted to CMS.
23	CFCM Service Requirements	Mary Beth Connoyer	Parent	Do you have input on capturing quality measurement?	Comment requires clarification.
24	CFCM Service Requirements	Mary Beth Connoyer	Parent	Will there be any reconsideration for reducing the 48 person caseload?	The payment rate is based on a caseload of 48. Any changes to the size of the caseload will have an impact of rates in all likelihood.
25	CFCM Service Requirements	maureen maigret	Senior Agenda LTCCC	Will the assessments include questions about unpaid family caregiver and their needs for education and support and how to address them	Yes. The functional assessment includes questions about family caregivers as does the form that will be used in the person-centered planning process. We will be sharing this information with stakeholders in meetings in the near future.
26	CFCM Service Requirements	Robin Covington	East Bay Community Action Program	Will we have to provide transportation to clients?	No
27	CMS	Liz Wiedenhofer	Community Provider Network of Rhode Island	What is CMS' position on CFCM not coming into the picture until the funding allocation is established by the state system (the funder)? Please correct me if I am wrong in this not being the case. This is a conflict just like person centered plan being done by a service provider	The State has the responsibility under federal and state law to determine the scope, amount and duration of services required to meet a person's needs and wants base on an empirically valid functional assessment system.
28	CMS	Mary Beth Connoyer	Parent	What responses from CMS do you have to share?	CNS is in general agreement with the State's approach and progress.
29	CMS	Mary Beth Connoyer	Parent	When will we be able to see the Corrective Action Plan?	This is posted on the CFCM webpage: https://eohhs.ri.gov/initiatives/ltss-no-wrong-door/conflict-free-case-management-and-person-centered-planning-cfcmppc
30	Consent Decree	Heather Alge	Unknown	What is the timeline for providers to learn more about the pilot program starting in July?	BHDDH will not implement a pilot in July 2023; however, it will implement certain components of CFCM starting in September 2023 in accordance with its December 2022 court order. BHDDH will convene a group of stakeholders by June 23, 2023 to further define its strategy and approach to meeting its December 2022 court order. Additional information will be shared with stakeholders after this process is further defined.
31	Consent Decree	Kevin Nerney	RI Developmental Disabilities Council	Are there stakeholders involved in the planning of the "pilot"?	BHDDH will not implement a pilot in July 2023; however, it will implement certain components of CFCM starting in September 2023 in accordance with its December 2022 court order. BHDDH will convene a group of stakeholders by June 23, 2023 to further define its strategy and approach to meeting its December 2022 court order. Additional information will be shared with stakeholders after this process is further defined.
32	Consent Decree	Kristine Sullivan	Disability Rights of Rhode Island	Will that curriculum be available for the July 1 start of the pilot?	BHDDH will not implement a pilot in July 2023; however, it will implement certain components of CFCM starting in September 2023 in accordance with its December 2022 court order. BHDDH anticipates that several case manager trainings will be available prior to September 2023.
33	Impact to HCBS Providers	Cheryl Ivesque	Unknown	So as a home health agency are we still coordinating activity with the DDE or are we going to be dealing with the CFCM directly. Years ago these cases were managed (hours authorized) by a state social worker.	The CF case manager will be part of a team along with service providers, family members, and State workers who coordinate their efforts on the on behalf of the participant. CF managers will develop plans and make service connections. State workers will still approve the plans. Service providers are responsible for implementing the plans. The role of each may vary depending on the participant and the nature of the services. For example, the CF manager will be working directly with the home health agency to connect a participant, share the completed person-centered plan, and monitor services.
34	Impact to HCBS Providers	Cheryl Ivesque	Unknown	Can you discuss the Home health side...Will they manage the multiple agencies that involved in the care. and will that case manager will be an independent person. No agency affiliation.	The CF manager does not manage agencies. The CF manager assists participants and would be connecting with home agencies as a representative of the participants as part of the plan development process. In short, CF managers will not be assigned to specific providers; our expectation is the case manager will work with all providers.
35	Impact to HCBS Providers	cheryl Ivesque	Unknown	What happens to Homecare services while this is happening. There care not be a gap in service. Will we be held harmless for payment. These cases are many hours and medically necessary.	Home care services will continue as now. Home care agency do not provide and are not paid under Medicaid for developing person-centered plans or case management. There will no breaks in services. However, in the person-centered planning process, the participant has the right to self-determination and direction and may ask for a different array or mix of authorized services. Any changes in services must be approved by the State and will be implemented as they would be now.
36	Impact to HCBS Providers	cheryl Ivesque	Unknown	Don't forget the Home Health agencies delivering the workforce for these services as well. We have strong relationships with the family and caregivers.	Thank you. We look forward to hearing more from you.

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37	Impact to HCBS Providers	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	For Clarification- DD providers do not provide case management. DD social caseworkers are designated CM as of today.	The definition of case management included in the HCBS final rule extends to the development of the person-centered plan and various types of service coordination. DD Providers will remain engaged in the role of plan implementors who must ensure that services are delivered in accordance with plan that is developed by CF manager. State social caseworkers do not develop plans and monitor progress toward plan goals to the extent the HCBS final rule requires.
38	Impact to HCBS Providers	Tina Spears	Community Provider Network of Rhode Island (CPNRI)	DD providers provide service coordination	DD Providers are responsible for implementing person-centered plans. CF case managers are responsible for assuring the person-centered plan expresses a participant's needs and wants and for monitoring progress toward plan goals.
39	MCO	Kristine Sullivan	Disability Rights of Rhode Island	It is absolutely inappropriate for an MCO to provide case management. True, they do not provide services but there is a huge conflict of interest in having the MCO approve (read: control) services and write the plan of things for which they will pay.	Federal regulations on this point are clear. As the State sets per member per month rates, and MCOs contract with providers within the parameters of the rates the State sets, MCOs are not providers. We expect participants enrolled in MCOs to have access to the same robust set of person-centered planning and case management services as those who obtain HCBS through fee-for-service. Note that under the planned MCO procurement, LTSS for I/DD participants is excluded, so their services will be provided through a CFCM entity. All other LTSS participants will have the choice of an MCO or fee-for-services.
40	MCO	Kristine Sullivan	Disability Rights of Rhode Island	I'm here on behalf of Disability Rights Rhode Island, the state Protection and Advocacy System. I can say with confidence that if MCOs are permitted to serve as case managers, we will file a complaint with CMS.	Thank you. Our technical advisors from CMS have indicated that MCOs are exempt from the conflict of interest provisions and may provide case management for LTSS. Please keep in mind that services for the I/DD population are not "in-plan" at this time and no change is contemplated for the upcoming re-procurement of MCOs. Accordingly, all I/DD participants will receive case management through a CFCM entity. Also, all Medicaid LTSS participants will have a choice of managed care v. fee for service for all Medicaid covered services.
41	MCO	Marissa Ruff	SA - Seven Hills	I agree @kristine Sullivan. Someone who controls payments should not provide CFCM. There's conflict all over that...	No response required.
42	MCO	Robert Archer	Child and Family of RI	Will CFCM be carved out of MCO's that are selected in the reprocurement process?	The decision on this issue remains open.
43	MCO	Robert Archer	Child and Family of RI	If so how does impact the anticipated numbers?	As the decision on this remains open, we have not reached a final determination as yet.
44	MCO	Sophie Santaella	Unknown	What do CMS regs say about firewalls within organizations such that an organization that provides HCBS services (among other services) can provide CFCM provided there is separate supervision, lines of responsibility etc. MassHealth reviewed this	It is our understanding that CMS has not approved the "firewall" approach in a state that has not received a rural exception. RI is unlikely to meet this requirement due to its small size and interest from multiple vendors to the RFI indicating an ability to provide services on a statewide basis.
45	Other	Annette Bourbonniere	Unknown	NOTHING ABOUT US WITHOUT US!!!!!!!	Noted
46	Other	Annette Bourbonniere	Unknown	Clearly, raising your hand and being ignored is the answer. We will not have the input and we will be in big trouble.	Our apologies. The chat function was overwhelmed with questions.
47	Other	Kelechi Agwunobi	Unknown	I've been trying to get in contact with a specific caseworker since Friday, it's very frustrating not being able to get in contact with anyone with LLTS.	No response required.
48	Other	Mary Beth Connoyer	Parent	What is the content of the annual plan?	We will be happy to share a printed copy with you at our next meeting.
49	Other	Mary Beth Connoyer	Parent	Who will be responsible for building the purchase order?	The purchase order process is being reviewed. The State will be responsible for authorizing services in an approved plan through Wellsky which will have a direct interface with the Medicaid claims system.
50	Other	Mary Beth Connoyer	Parent	Will there be any reconsideration for allowing an increased funding for ALL life transitions?	Comment requires clarification.
51	Other	Maureen Maigret	Senior Agenda LTCCC	Could you provide information about how unpaid caregivers would be identified and assessed in the new CFCM system.	This process has not been defined.
52	Other	Michelle Machado	OSCIL	Will PCOC advisors go through retraining and will separate individuals assist with f/up for application assistance and check-ins	PCOC advisors will be required to participate in CFCM specialized training as well.
53	Other	Nicholas Oliver	RI Partnership for Homecare	Replying to "Have Homecare provide..."The association has provided feedback to the committee. However, the committee is internal to the EOHHS infrastructure.	Comment requires clarification.
54	Other	Peter Quattromani	Unknown	The state solution as presented is not the only solution that would be accepted by CMS-example, maybe not a good one but an example. The state spends the money allocated to DD to hire more social workers to write plans. That's the way it was done in the past.	The State reviewed this option and, given current responsibilities of workers, found it untenable.
55	Other	Robin Ashley Covington	Unknown	There are no CNAs :(No response required.
56	Other	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(7) Do you have any idea of what the number of pending is now?	We have requested input.
57	Other	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	a. Are the pending people accounted for in the LTSS projected numbers of 11,387	The numbers have been inflated to account for churn, the unwinding and new applicants.
58	Participant Refusal to Receive CFCM	Kimberly Santilli	Unknown	I have the same question as Marissa. If the participant does not want to work with a CFCM and only would like to work with the provider, how does that work?	CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting. If a participant refuses to work with a CFCM agency, person-centered planning and case management must be provided by the State. There is not currently an option to refuse to engage in CFCM by an agency or the State and retain HCBS over time. If the participant also refuses to engage with a member of the State, HCBS eligibility may be terminated. Non-LTSS Medicaid coverage may still be available in such cases of non-cooperation depending on other eligibility factors. For example, people eligible for SSI are automatically eligible for non-LTSS Medicaid, and would keep coverage for primary and acute care services if closed to HCBS for non-cooperation.

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59	Participant Refusal to Receive CFCM	Marissa Ruff	SA - Seven Hills	What happens if a persons choice is to NOT work with a CFCM agency?	CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting. If a participant refuses to work with a CFCM agency, person-centered planning and case management must be provided by the State. There is not currently an option to refuse to engage in CFCM by an agency or the State and retain HCBS over time. If the participant also refuses to engage with a member of the State, HCBS eligibility may be terminated. Non-LTSS Medicaid coverage may still be available in such cases of non-cooperation depending on other eligibility factors. For example, people eligible for SSI are automatically eligible for non-LTSS Medicaid, and would keep coverage for primary and acute care services if closed to HCBS for non-cooperation.
60	Participant Refusal to Receive CFCM	Marissa Ruff	SA - Seven Hills	Asking again: what if someone DOES NOT WANT a CFCM entity? That is critical information	CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting. If a participant refuses to work with a CFCM agency, person-centered planning and case management must be provided by the State. There is not currently an option to refuse to engage in CFCM by an agency or the State and retain HCBS over time. If the participant also refuses to engage with a member of the State, HCBS eligibility may be terminated. Non-LTSS Medicaid coverage may still be available in such cases of non-cooperation depending on other eligibility factors. For example, people eligible for SSI are automatically eligible for non-LTSS Medicaid, and would keep coverage for primary and acute care services if closed to HCBS for non-cooperation.
61	Participant Refusal to Receive CFCM	Sophie Santaella	Unknown	Who provides the person centered planning if the participant does not want a CFCM?	CFCM is mandatory for all HCBS participants who receive Medicaid Long-Term Services and Supports (LTSS) or are eligible to receive Medicaid LTSS via fee-for-service at home or in a community setting. If a participant refuses to work with a CFCM agency, person-centered planning and case management must be provided by the State. There is not currently an option to refuse to engage in CFCM by an agency or the State and retain HCBS over time. If the participant also refuses to engage with a member of the State, HCBS eligibility may be terminated. Non-LTSS Medicaid coverage may still be available in such cases of non-cooperation depending on other eligibility factors. For example, people eligible for SSI are automatically eligible for non-LTSS Medicaid, and would keep coverage for primary and acute care services if closed to HCBS for non-cooperation.
62	Payment	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(1) What will the reimbursement rate be?	RI EOHHS anticipates using a single monthly rate of \$170.87 per HCBS participant regardless of the population serviced.
63	Process	Deb Burton	RI Elder Information	Will the CFCM agency be allowed to go into nursing homes-especially when a person is receiving skilled short-term rehab to ensure the person will transition to the least restrictive environment?	The CFCM process applies only to people who have applied for and been determined eligible for Medicaid HCBS. We have a nursing facility transition team and hospital care transition initiative that work with people seeking to transition to community settings. The role of CFCM will vary depending on whether these other programs are involved.
64	Process	Mary Beth Connoyer	Parent	Are you still referencing PCP and Annual Service Plan (Wellsky collection of information or whatever it will be called) as 2 different products with the same name?	The person-centered plan will be developed in Wellsky using a form that meets all CMS requirements. This is the plan that will be reviewed annually and will be the basis of services authorized by the state.
65	Process	Mary Beth Connoyer	Parent	Who builds the employment/career goals?	The CF manager will assist the participant in articulating his or her employment goals and will make connections with the appropriate employment service agency to develop and implement a more detailed plan.
66	Process	Mary Beth Connoyer	Parent	Will you list community mapping on the self direction list?	Yes
67	Process	Mary Beth Connoyer	Parent	Are we still in agreement that community mapping will be accomplished as part of CFCM for EVERY individual as directed by the individual?	Yes
68	Process	Nicholas Oliver	RI Partnership for Homecare	How will CFCM work for the homebound? Will case management agencies be going into participant's homes?	Case managers are encouraged to conduct their face-to-face contact with the participant in their place of residence or in a place where services are delivered. If either location is not feasible, the case manager may conduct the face-to-face contact at a different location selected by the participant.
69	Process	Nicholas Oliver	RI Partnership for Homecare	If the participant has an existing relationship with a case manager that has followed their case, will they be able to maintain that relationship?	Yes. However, the nature of the relationship will change. A participant has the option of bringing anyone of their choosing into the plan development process as an advocate, friend or facilitator. Service providers will still be responsible for implementing the person-centered plan. A person who works for a provider that is implementing the plan may not serve in the role of a case manager under any circumstances due to potential conflicts of interest.
70	Process	Robin Ashley Covington	Unknown	we currently input caregiver profiles now in SAMS	Caregiver profiles will continue to be developed and maintained
71	Process	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(2) What does the process look like from start to finish, step by step, of what happens once a client expresses that they would like LTSS services with DHS?	Please see the "May 11, 2023 CFCM Stakeholder Presentation" (available on the RI EOHHS CFCM webpage) for a process flowchart.
72	Process	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(3) What would the referral process be to the agency after the application is processed within DHS?	DHS social caseworkers will be making referrals to CFCM entities after providing counseling in conjunction with the functional assessment. BHDDH will operate similarly.
73	Process	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	a. What would the referral process be for the agency if a client comes directly to our agency wanting LTSS services?	A person must submit an application and be assessed by either DHS or BHDDH before the CFCM process begins. The current process is considered to be steering as the agency providing application assistance and conducting the assessment often does not get paid until a person enrolls in the program that agency serves. Instead, the State must provide full options counseling and the functional assessment prior to a referral for case management. And the case management entity may not be affiliated with a particular program or services provider. The CF manager makes connections to providers after reviewing all the relevant info on the participant, discussing all HCBS options and recording their needs and wants in the person-centered plan.
74	Process	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(6) How is the State notifying Assisted livings, group homes etc. about the changes that will be taking place?	A plan is being developed and will be implemented once the procurement is complete.

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76	Process	Sophie Santaella	Unknown	what happens if the individual doesn't want a 3rd person (CFCM) involved in their care? who completes the care plan in that case?	The participant leads the planning process and is welcome to invite any person or provider of their choosing to participate. However, only a CFCM entity has the authority to complete the plan and share with the State agency for authorization. If a participant chooses not to engage in the process with a CFCM entity, the responsibility for developing the plan falls to the State. A provider or individual plan writer can participate or facilitate in the plan development process but may not serve as a substitute for the CFCM entity or the State.
77	RFP	Rita Capotosto, EBCAP	EBCAP	If RFP is posted in June, when do you plan to announce awards?	Within 60 days from the posting.
78	SIS	Liz Wiedenhofer	Community Provider Network of Rhode Island	Is the tier allocation established before the conflict free case manager has engagement in this process or is the funding established or will the person centered planning meeting with the CFCM drive the individualized funding and budget? Will the state (funder) be establishing the tier allocation and funding cap through the SIS before any engagement with CFCM? This could be a conflict like the MCO issue I would imagine.	Tiers are established as part of the SIS functional assessment and will be determined before a referral for case management. As such, the CFCM has no influence over individualized funding or budgets. The determination of tiers is and will continue to be the province of the BHDDH as is the approval of services in the person-centered plan. The case manager's chief responsibility is to assist the participant -- in a participant led meeting -- in articulating his or her goals, identifying the services to meet them, and then connecting the participant to services.
79	Stakeholder Engagement	David Reiss	FI - Fogarty Center	Thank you Peter and Mary Beth for addressing the lack of input afforded to the private sector.	No response required.
80	Stakeholder Engagement	Kimberly Santilli	Unknown	It would be nice if we could have separate zoom meeting in groups (i.e. Adult Day Care, Assisted Living, Home Health Agencies, Direct Care Givers, etc.). We all have different questions in how it relates to our services. It may be more beneficial to have meeting this way and then have a combined meeting at the end	We have had several small group meetings and plan to arrange for more. Please reach out to schedule a separate meeting.
81	Stakeholder Engagement	Kristine Sullivan	Disability Rights of Rhode Island	Allowing providers to have a role on July 1 (your reply to Tina) is too late. All stakeholders should have been involved from the start. I suspect some of the frustration here is because this is the same thing we see in so many situations — no stakeholder engagement from the start on CFCM. None in the Olmstead planning that may or may not be happening. EOHHS needs to do better across the board	Thank you for your input. We understand your frustration and plan to engage with stakeholders more regularly on key decisions going forward.
82	Stakeholder Engagement	Kristine Sullivan	Disability Rights of Rhode Island	And to be clear, allowing comments on something that has already been developed is not the stakeholder involvement people want.	Thank you for your input. We understand your frustration and plan to engage with stakeholders more regularly on key decisions going forward.
83	Stakeholder Engagement	Nicholas Oliver	RI Partnership for Homecare	Yes, we need separate calls for each stakeholder group. My home care providers have asked questions in the chat, but have not been answered. I do not want to discount the questions and needs of the frustrated DD providers, but there are other providers and their patients/clients that will be impacted.	Note also that it is important that all stakeholders hear each other's concerns in an open forum to preserve transparency and accountability. We will be holding smaller, targeted group meetings going forward.
84	Training	Carla Sabatino	Unknown	Will those of us who have gone through the PCOC training need to go through a retraining?	Yes. There are specific aspects of the CFCM process that require specialize training.
85	Training	David Reiss	FI - Fogarty Center	Are these "trainees" being paid during the training process?	RI EOHHS anticipates separately reimbursing CFCM vendors to participate in the State's initial training program.
86	Training	Jennifer Allen	Unknown	As a case management agency, we want to have all the necessary trainings and access to a contact from DHS that answers our questions within a reasonable amount of time.	Our goals is to create an integrated system in which access to information is more readily available across agencies and providers. We also intend to provide immersion training and resources to assist CFCM entities on a much larger scale than available today.
87	Training	Mary Barry	Unknown	Have Homecare providers been drawn in to this development and process to consult and advise the State regarding the real picture of care concerns in the home setting? I believe that this is a critical partnership if success is the outcome desired.	We welcome input from all HCBS providers and will continue to do so. In addition to the stakeholder meetings and other opportunities for feedback we have provided thus far, we will be providing in-depth training on the HCBS final rule and the person-centered principles that are driving this effort.
88	Training	Mary Beth Connoyer	Parent	Can you identify who is building the training: · From the Sherlock Center? · Outside stakeholders included in the committee?	RI EOHHS is in the process of determining who will build the training materials.
89	Training	Mary Beth Connoyer	Parent	Have you outlined the training content?	Training is outlined in the CFCM Strategic Plan, section "Conflict-Free Case Manager Training".
90	Training	Mary Beth Connoyer	Parent	Will the training be teaching tools such as MAPS, PATH or Charting the LifeCourse to learn how to build meaningful profiles?	This will be considered as the State identifies and develops the training content.
91	Training	Mary Beth Connoyer	Parent	Have you considered my training outline and fieldwork submission?	Yes, your training outline will be considered.
92	Training	Mary Beth Connoyer	Parent	What training will that role (case manager, plan facilitator) have to accomplish building the employment goals?	Anticipated case manager trainings are identified in the CFCM Strategic Plan, section "Conflict-Free Case Manager Training"
93	Training	Robin Ashley Covington	Unknown	how will fee for service agencies survive 3 months of training without funding/billing?	RI EOHHS anticipates separately reimbursing CFCM vendors to participate in the State's initial training program.
94	Training	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(8) Will there be start up money for agencies to help with licensing and technology costs?	No; however, RI EOHHS does anticipate separately reimbursing CFCM vendors to participate in the State's initial training program.
95	Training	Sarah Lopatka	West Bay from a compiled list from WBCAP, EBCAP, TriCAP, Child and Family	(9) What will the training consist of for new staff?	Training is outlined in the CFCM Strategic Plan, section "Conflict-Free Case Manager Training".