

RI CFCM Implementation

Stakeholder Feedback Received Related to the State's Stakeholder Presentation on May 30, 2023

***Date Last Updated: June 15, 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
1	Capacity	Annette Bourbonniere	Unknown	We don't have enough DHS workers to dot he jobs they currently have. How are they going to add assessments to this work? They are already so overwhelmed they are surly and unpleasant. This does not sound like a good plan at all.	Agree with your comment about DHS worker capacity as this has been an ongoing issue that we are actively tracking. Regarding assessments, DHS will use a new functional needs assessment tool (InterRAI) for EAD participants. This tool replace what the State was previously using.
2	Capacity	Deb Burton	RI Elder Information	There was an early slide that indicated CMS will determine if an exception to CFCM providers can be made based on geography and density of the population to be serviced in that geography. Where is/what data is being used to determine density? Where is aging population and disability population data by geography located and will that data be combined to determine the CFCM exception?	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.
3	Capacity	Deb Burton	RI Elder Information	We need to look at not only DHS & BHDDH staffing but also Office of Healthy Aging Adult Protective Services.	Yes, staff capacity is something that we look at across multiple State agencies.
4	Capacity	Mary K. Taylor	Unknown	We have elders in the East Bay area that have been approved for services 5 plus months ago that still have not received services due to the lack of availability in the area. This seems contra-productive to person centered planning because we cannot meet the needs of the client's choices.	RI EOHHS acknowledges that provider capacity is an issue and is continuously assessing needs and looking for ways to expand capacity.
5	CFCM Service Requirements	Nicholas Oliver	RI Partnership for Homecare	What does EOHHS define as an acceptable time period (wait time) between Step 2 and Step 3?	Timeframes will be clarified in the CFCM RFP.
6	CFCM Service Requirements	Nicholas Oliver	RI Partnership for Homecare	Similarly to my last question, what is the EOHHS defined acceptable time line (wait time) between Step 3 to Step 4?	Timeframes will be clarified in the CFCM RFP.
7	Conflict of Interest	Jodi Merryman	Unknown	The SIS process is not conflict free. The state oversees both the assessment and funding determination.	CMS does not consider this to be a conflict of interest.
8	Conflict of Interest	Kie O'Donnell	Unknown	To your last point, if the Conflict Free Case Manager is still deferring to existing services to complete the plan is that conflict-free?	Provider would develop an implementation plan which is a more detailed plan for how the provider will deliver the service
9	Conflict of Interest	Peter Quattromani	Unknown	To be clear, this means that the BIGGEST conflict that exists-the fact that the funder determines funding levels-is not being addressed.	State staff conducting eligibility determinations is not a conflict of interest.
10	Eligiblity	David Reiss	FI - Fogarty Center	Will RICLAS be participating CFCM?	RICLAS participants will use CFCM.
11	Eligiblity	Linda Ward	Opportunities Unlimited, Inc.	the State does provide direct services for individuals with IDD - RICLAS	RICLAS participants will use CFCM.
12	Impact to HCBS Providers	Angela Cabral	Unknown	How does CFCM look in an assisted living community?	<p>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.</p> <p>The State will create a roles and responsibilities matrix to help clarify roles and responsibilities of HCBS provider and case managers.</p>
13	Impact to HCBS Providers	Angela Cabral	Unknown	In Assisted Living communities we are required, by DOH regulation, to complete a service plan for each resident. Does the case manager complete person center service plan per CMS, and then submit it to the assisted living nursing dept.? or does the assisted living complete the plan?	The case manager will complete the participant's person-centered plan. The "plan" created by assisted living facilities is separate and different from what the case manager will complete.
14	MCO	Robert B. Archer	Child and Family of RI	If the State is reprocuring Managed Care for Medicaid/Medicare and there are several providers how will that impact this. Is CFCM going to be in the MCO plans?	The decision on this issue remains open.
15	Other	Annette Bourbonniere	Unknown	That was not a very nice comment - that elders won't necessarily do what is in their best interest. That should only apply to someone with cognitive difficulties.	We agree that elders will do what is in their best interest.
16	Other	Jennifer Allen	Unknown	When you mention transportation, what are you talking about? Does that mean the state will pay for other types of transportation other than MTM?	No, transportation will only be available through MTM.
17	Other	Linda Ward	Opportunities Unlimited, Inc.	Hi Jeanine you mentioned the existing case manager - who is this - the state case manager or the support coordinator at the agency?	Comment requires clarification.
18	Other	Linda Ward	Opportunities Unlimited, Inc.	The term case manager has been used throughout and it is sometimes not clear if it the CFCM or state or agency person. Would be helpful to use CFCM for clarity.	Thank you for your feedback.
19	Other	Robert B. Archer	Child and Family of RI	I would respectfully request that the meeting include the OHHS presentation without questions. Then there should be ample time for questions. Perhaps they should be entered into the chat and a moderator could take them in order. The meeting format was very frustrating for me as a provider because I did not want to interrupt the caregivers of the Intellectual and Developmental Disabilities community and there was no moderator to insure equity of time. Also, this led to certain people dominating the discussion and others not getting an opportunity to speak.	Moving forward there will be meeting ground rules.

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20	Payment	Annette Bourbonniere	Unknown	EOHHS does not properly fund PCA's to the point where many have left the field. Even though a "raise" has been authorized, it still does not have the buying power from 18 years ago, so it will be a long time before we are able to have access to the services we need. Will EOHHS actively support realistic funding for these people?	RI EOHHS acknowledges that PCA capacity is an issue and is continuously assessing needs and looking for ways to expand capacity.
21	Payment	Luz Rodrigues	Unknown	How will this impact home care agency reimbursement?	CFCM will not impact home care agency reimbursement.
22	Process	Chelsey Buxton	Community Partners MA	This process seems very similar to Massachusetts' EOHHS' Community Partners program that launched in 2018; i.e there are 20 Community Partners that submitted RFPs to become qualified vendors to provide care coordination, can RI confirm if this is indeed a similar program? Has MA EOHHS been consulted in any way? I would like to understand if similar workflows can be developed between health plans in RI with CFCM approved vendors as it has been done in MA between CPs and health plans	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.
23	Process	Deb Burton	RI Elder Information	If Angelo is 87 with Parkinsons with Lewy Body dementia and keeps falling and insists he doesn't need help he would need to be referred to OHA for self-neglect. What's the plan for elders with significant cognitive impairment that won't retain the information of the consequences of their choice.	Participants who have an intellectual disability or cognitive impairment will be involved in the CFCM process as much as possible. The case manager will talk with the participant, watch their actions and other non-verbal communications, and talk to people who know their preferences to make sure their goals and support needs are what they want.
24	Process	Linda Ward	Opportunities Unlimited, Inc.	So CFCM does not meet with individual before the PCP "meeting" and do any "prep" that assist person to think about and articulate interests, concerns etc	CFCM is not necessarily one meeting and should meet the needs of the individual. It may take several meetings to complete the person-centered plan.
25	Process	Mary Beth Courmoyer	Parent	Where is the pre-preparing for those who are not prepared to drive their plan?	The CFCM process will include pre-preparing and this will be further defined as part of the State's training.
26	Process	Mary Beth Courmoyer	Parent	Where is community mapping?? Connecting individuals to formal and informal services, supports and resources???	CFCM is responsible for connecting individuals to formal and informal services, supports, and resources. Additionally, supports such as discovery, peer supports, support brokerage, and community-based supports may also be utilized to assist individuals to learn about their communities and build connections and resources.
27	Process	Mary Beth Courmoyer	Parent	Since 1 quarter of the DD population use self direction we need to be sure that we are providing connections to assist them to build person centered lives (not schedules). This is not just connecting individuals to Providers.	Agreed. Person centered planning can be an iterative and ongoing process for many. The goal is to connect individuals to a wide array of services and supports, paid and unpaid, that can assist participants in building a life that they choose. Case managers can also assist participants in connecting to services and supports such as discovery, job development, peer supports, and support brokerage that can play a role in assisting participants to build community connections
28	Process	Nicholas Oliver	RI Partnership for Homecare	EOHHS also needs to address how homebound beneficiaries can access CFCM services — especially those that do not have access to technology and those with limited or no family support.	This has been accounted for as part of the state's CFCM process and approach.
29	Process	Nicholas Oliver	RI Partnership for Homecare	Will the beneficiary have an assigned case manager for the life of the case or a case manager within a pool of case managers?	The participant will have choice in selecting a conflict-free case management entity. If they are unhappy with their case manager, they will be able to switch. Participant choice will be at the center of the CFCM process.
30	Quality	Linda Ward	Opportunities Unlimited, Inc.	One of the slides stated that CFCM oversees provider performance and operates front line on quality compliance/outcomes - how do you see this role being implemented by CFCM?	CFCM will be part of the overall quality monitoring process. Case manager roles will be: -- For New Medicaid Services: The case manager must contact Medicaid HCBS providers to verify delivery of services in the amount, scope, and duration as identified in the person-centered plan no later than three (3) business days after the scheduled service start date. This should be done for any new Medicaid service. -- Ongoing Service Monitoring: When conducting monitoring, case managers should at minimum complete the following activities: Communicate with family members, HCBS providers, or other collateral entities as needed to determine if services, supports, and resources are being delivered according to the person-centered plan.
31	Stakeholder Engagement	Annette Bourbonniere	Unknown	Persons with disabilities who are the major stakeholders were still not included in any part of the planning process. Does the consulting company you hiare have people who use services? This is the one thing that EOHHS always refuses to consider.	Please follow-up with the State to clarify your comment.