RHODE ISLAND MEDICAID

Certification Guide and Application for Conflict-Free Case Management (CFCM)

Prepared by: Rhode Island Executive Office of Health and Human Services
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SECTION 1: INTRODUCTION

The Rhode Island Executive Office of Health & Human Services (EOHHS) is soliciting applications from agencies seeking certification to provide conflict-free case management (CFCM) services to Medicaid home and community-based services (HCBS) participants with intellectual and developmental disabilities (I/DD) and/or participants who are Elders and Adults with Disabilities (EAD). Case management agencies may choose to support two populations (participants with I/DD and EAD participants) or choose to serve one population only.

EOHHS' CFCM Certification Standards and the Program Manual can be found on the EOHHS website: https://eohhs.ri.gov/conflict-free-case-management

EOHHS will review applications from prospective CFCM agencies to determine whether such agencies are qualified to be certified. The CFCM certification periods are as follows:
1. Initial certification: One (1) year following the initial certification date, unless sooner suspended or revoked.
2. Re-certification: Two (2) years following the date of renewal, unless sooner suspended or revoked.

This application and the following sections outline the initial certification process only. EOHHS will release additional information regarding re-certification as available.

SECTION 2: APPLICATION REVIEW AND SCORING

Overview

This section describes the scoring and evaluation procedures for review of certification applications. An EOHHS Evaluation Committee will review and score applications to determine whether the applicant meets the certification standards set forth by EOHHS and make recommendations to the Medicaid Director as to certification within sixty (60) days of submission. Each Evaluation Committee member's task is to conduct a comprehensive and impartial evaluation of all applications that qualify for review.

Applicants will be scored based on completion of attestations, narrative responses, completed templates, and pertinent attachments.

The Evaluation Committee recommendations on certification can result in the following outcomes:
- Certified
- Not Certified

Based on its evaluation, EOHHS will send formal correspondence informing applicants whether they are Certified or Not Certified. While Certified means that the application is sufficiently strong to warrant certification, certain Standards may be identified for additional monitoring or follow-up. If any Standards require additional monitoring by the State, EOHHS will identify the Standards and the timeframe for aligning with these Standards.

Evaluation Committee and Certification

The State shall conduct a comprehensive and impartial evaluation of all applications. Applications will be evaluated for completeness and quality in relation to the CFCM Certification Standards. Final scores for each application will be totaled for the Evaluation Committee as a whole. There are two portions of the

application that will be scored on a pass/fail basis and require a score of "pass" for the remainder of the application to be evaluated. The two sections that will be scored on a pass/fail basis include the "Mandatory Administrative Requirements" section and the "Mandatory Policies and Plans" section. All other requirements will be scored using a point system as shown below.

#	Application Component	Total Points Available
I. Mandatory Administrative Requirements		
1.1	Required Application Elements	Pass/Fail
1.2	Assurances/Attestations	Pass/Fail
1.3	Application Cover Sheet	Pass/Fail
II. Agency Case Management Standards		
2.1 Demonstration		
2.1.1	Demonstrates capacity to implement the four (4) core components of CFCM	15
2.1.2	Demonstrates cultural competency	10
2.1.3	Demonstrates ability to establish and maintain working relationships with community-based resources	10
2.1.4	Demonstrates adherence to case manager supervisor standards	15
2.1.5	Demonstrates ability to submit required reports	10
2.2 Mandatory Policies and Plans		
2.2.1	Conflict of Interest Policy	Pass/Fail
2.2.2	Timeline Policy	Pass/Fail
2.2.3	Caseload Policy	Pass/Fail
2.2.4	Grievance Policy – Internal Grievances	Pass/Fail
2.2.5	Mandated Reporting of Abuse, Neglect, and Exploitation Policy	Pass/Fail
2.2.6	Behavioral Support Plan Policy – I/DD Only	Pass/Fail
2.2.7	Participant Record Policy	Pass/Fail
2.2.8	Written Materials for Participants	Pass/Fail

#	Application Component	Total Points Available
2.3 Policies and Plans		
2.3.1	Information and Referral Policy	2
2.3.2	After Hour Coverage Policy	2
2.3.3	Smoking Policy	2
2.3.4	Limited English Proficiency Policy	2
2.3.5	Personnel Policy	3
2.3.6	Background Check Policy	2
2.3.7	Assignment Policy	3
2.3.8	Grievance Policy – Other Providers	2
2.3.9	Continuous Quality Improvement Plan	3
2.3.10	Financial Management and Billing Policy	2
2.3.11	Emergency Management Plan	2
III. Individual Case Manager Standards		
3.1	Demonstrates adherence to case manager standards	15

Except for the areas that will be scored pass/fail, a scoring instrument using a rating system of Met/Partially Met/Not Met will be used to evaluate the applicant's responses to the specific elements of the Certification Standards. Points will be awarded for each requirement as follows:

Rating	% of Points Awarded per Requirement	Criteria
Met	100% of Points Available	• Demonstrated excellent understanding of the requirements. • Requirements of the Certification Standards are fully met. • Approach is fully defined. Structure, systems, and staffing are in place and operational.
Partially Met	50% of Points Available	• Demonstrated partial understanding of the requirements. • Gaps in capability are clearly identified.

Rating	% of Points Awarded per Requirement	Criteria
		- Early to mid-stage development toward meeting the requirements: Structure, systems, agreements, or staffing are partially in place.
Not Met	0% of Points Available	- Demonstrated limited understanding of the requirements. - Planning and implementation not yet begun or are not sufficient to meet minimum requirements.

The table below sets forth the overall scoring threshold to achieve certification. To be certified, an applicant must meet the minimum scoring thresholds.

Category	Certification Threshold
Maximum Points	*100*
Certified	85+
Not Certified	<85

Scoring Guidelines

The Evaluation Committee will review responses and score them, considering factors such as:
- Responsiveness to the CFCM requirements.
- Clarity of policies and procedures.
- Demonstration of critical functional requirements.
- Capability and preparedness to meet the requirements and level of readiness to provide CFCM.
- Level of detail and assurance that requirements can be successfully met.
- Fulfillment of staffing requirements and needs.

In scoring, the Evaluation Committee may obtain and consider information from other sources concerning an applicant, such as the applicant's capability and performance under other contracts, the applicant's financial stability, past or pending litigation, and other publicly available information.

The Evaluation Committee may submit a list of detailed comments, questions, and concerns to an applicant during the application evaluation process.

Instructions

1. Please read the instructions carefully and complete this application in full. Applications not submitted in full will not be processed.

2. All responses to the application must be typed. Electronic signatures are allowed.

3. Under "Section B. Required Documentation" of this application, please label your documentation according to the file/policy naming conventions provided (e.g., personnel policy, assignment policy, etc.). This will allow EOHHS to easily review and process your application.

4. Under "Section B. Required Documentation" of this application, all Proposal Narratives should include narrative summaries and supporting documentation. Please incorporate references to supporting documentation into the narrative summaries as needed and follow the file/policy naming convention. One document may be submitted to meet more than one requirement.

5. There is no fee for this application.

6. Completed applications shall be submitted to: OHHS.LTSSNWD@ohhs.ri.gov.

7. If you have any questions concerning this application, please email OHHS.LTSSNWD@ohhs.ri.gov.

Section A. Cover Sheet

A.1. Applicant Information

Name of the Case Management Agency: _____

Program Director Name: _____

Contact Person Name: _____

Contact Person Email: _____

Contact Person Phone #: _____

Agency Address (street): _____

City or Town: _____ State: _____ Zip: _____

Phone: _____

Medicaid Provider Number (if applicable): _____

Does your agency currently hold professional insurance protection? Yes _____ No _____

    If no, when does your agency anticipate securing insurance? _____

A.2. General Application Information

Application Submission Date: _____

Population(s) to Serve

- Intellectual and developmental disabilities (I/DD): _____

- Elders and Adults with Disabilities (EAD): _____

If certified, on what date will you be ready to provide CFCM services? _____

Do you anticipate providing case management to participants receiving services from the HAB program (Y/N): _____

Do you anticipate providing case management to participants receiving services from the Personal Choice program (Y/N): _____

How many participants are you able to support upon certification?

- Intellectual and developmental disabilities (I/DD): _____
- Elders and Adults with Disabilities (EAD): _____

How many years of experience does the agency have in supporting the selected population(s)?

- Intellectual and developmental disabilities (I/DD): _____
- Elders and Adults with Disabilities (EAD): _____

A.3. Personnel

How many staff will you have on the date that you will be ready to provide CFCM services?

- Program Director _____
- Case Managers _____
- Case Manager Supervisor(s) _____

Please describe any future hiring plans:

Section B. Required Documentation

Please include the following documentation with this application:

B. 1. Policies and Plans: As described in the CFCM Certification Standards and the application scoring methodology (Section 2), applicants must submit the following policies and plans as attachments with this application:

- a. Mandatory Policies and Plans (Pass/Fail)
    - i. Conflict of Interest Policy
    - ii. Timeline Policy
    - iii. Caseload Policy
    - iv. Grievance Policy – Internal Grievances
    - v. Mandated Reporting of Abuse, Neglect, and Exploitation Policy
    - vi. Behavioral Support Plan Policy – I/DD Only
    - vii. Participant Record Policy
    - viii. Written Materials for Participants
- b. Policies and Plans (Scored)
    - i. Information and Referral Policy
    - ii. After Hour Coverage Policy
    - iii. Smoking Policy
    - iv. Limited English Proficiency Policy
    - v. Personnel Policy
    - vi. Background Check Policy
    - vii. Assignment Policy
    - viii. Grievance Policy – Other Providers
    - ix. Continuous Quality Improvement Plan
    - x. Financial Management and Billing Policy
    - xi. Emergency Management Plan

B. 2. Proposal Narrative: Narrative information will be used to determine the applying agency's ability to deliver CFCM services. Narrative submissions must elaborate upon policy language and summarize the processes, systems, and people involved. <u>Detailed narrative responses and supporting documentation are heavily encouraged</u> to demonstrate the following:

Proposal Narrative Guidance	
Demonstration Requirement	**Recommended Narrative Response Guidance and Suggested Supporting Documentation**

Demonstrates capacity to implement the four (4) core components of CFCM	*Narrative Response Guidance*:
	
	 • Provide an end-to-end summary of CFCM activities including the roles of the participants, their families, legal representatives, case managers, community providers, and the CFCM agency/supervisors.
	 • Highlight the agency's approach and methods to complete the following activities:
	     o Information gathering
	     o Person-centered plan development
	     o Connecting to services and supports
	     o Plan monitoring and follow-up

Proposal Narrative Guidance	9
Demonstration Requirement	**Recommended Narrative Response Guidance and Suggested Supporting Documentation**
	Suggested Supporting Documentation: • Agency developed templates and aids • Community supports, services, and provider contact list/ directory • Person-centered planning and CFCM training materials • Person-centered planning and CFCM policies and procedures
Demonstrates cultural competency	*Narrative Response Guidance*: • Summarize the applicant's approach to offering culturally considerate CFCM services and incorporating the individual's cultural preferences. • Identify key considerations when delivering culturally competent services. • Identify any anticipated cultural needs (e.g., significant language preferences). *Suggested Supporting Documentation*: • Cultural Competency policy and procedure • Cultural Competency training materials • Recruitment and retention strategies for staff with the cultural identities and linguistic capabilities that meet the need of participants
Demonstrates ability to establish and maintain working relationships with community-based resources	*Narrative Response Guidance*: • Summarize the applicant's current relationship(s) with entities offering supports and services within Rhode Island. • Summarize the applicant's method for monitoring the local services and supports landscape and outreach methods. *Suggested Supporting Documentation*: • Community supports, services, and provider contact list/ directory
Demonstrates adherence to case manager supervisor standards	*Narrative Response Guidance*: • Summarize the roles and responsibilities of various staff including case managers, case manager supervisors, and leadership. • Outline how the case management team works together to ensure quality and consistency. *Suggested Supporting Documentation*: • Case manager supervisor job descriptions and experience requirements • Case manager supervisor employee handbook • Templates and workflows related to case record reviews, home visits, case manager performance reviews, etc. • Organizational chart

Proposal Narrative Guidance	
Demonstration Requirement	**Recommended Narrative Response Guidance and Suggested Supporting Documentation**
	• Case manager supervisor training materials
Demonstrates ability to submit required reports	*Narrative Response Guidance*: • Identify the individual(s) responsible for collecting, reviewing, and reporting the following: ○ Annual Independently Audited Financial Statement ○ Monthly Capacity Report ○ Quarterly Internal Grievances ○ Monthly Critical Incident Report ○ Fraud, Waste, and Abuse • Summarize the applicant's approach to collecting, organizing, analyzing, reporting, and storing data. • Summarize how the applicant uses data to improve quality of services and access. *Suggested Supporting Documentation*: • Reporting policies and procedures • Reporting calendars • Reporting workflows
Demonstrates adherence to case manager standards	*Narrative Response Guidance*: • Summarize how case managers are trained to meet the case manager standards outlined in the CFCM Certification Standards and Program Manual. • Outline roles, responsibilities, and expectations for case managers. • Summarize the tools, templates, trainings, policies, and procedures used to prepare and enable case managers to deliver CFCM services. *Suggested Supporting Documentation*: • Case manager policies and procedures • Case manager job description and requirements • Case manager employee handbook • Case manager training materials • Case manager scripts, checklists, and aids • Case management and assessment tools and templates

Other Documentation (if applicable): It is anticipated that applications may represent the combined efforts of more than one agency. Application submissions should include copies of all executed contracts and/or affiliation and partnership agreements which detail respective responsibilities, authorities, and related financial arrangements. This shall include pertinent incorporation documents or filings.

B. 3. Document Reference Table: Please complete the following table to align titles/naming conventions of supporting documents provided as part of this application to the certification criteria they are intended to satisfy.

#	Application Component	Relevant Document Title(s) to Satisfy Requirement
I. Mandatory Administrative Requirements		
1.1	Required Application Elements	N/A
1.2	Assurances/Attestations	N/A
1.3	Application Cover Sheet	N/A
II. Agency Case Management Standards		
2.1 Demonstration		
2.1.1	Demonstrates capacity to implement the four (4) core components of CFCM	
2.1.2	Demonstrates cultural competency	
2.1.3	Demonstrates ability to establish and maintain working relationships with community-based resources	
2.1.4	Demonstrates adherence to case manager supervisor standards	

#	Application Component	Relevant Document Title(s) to Satisfy Requirement
2.1.5	Demonstrates ability to submit required reports	
2.2 Mandatory Policies and Plans		
2.2.1	Conflict of Interest Policy	
2.2.2	Timeline Policy	
2.2.3	Caseload Policy	
2.2.4	Grievance Policy – Internal Grievances	
2.2.5	Mandated Reporting of Abuse, Neglect, and Exploitation Policy	
2.2.6	Behavioral Support Plan Policy – I/DD Only	
2.2.7	Participant Record Policy	
2.2.8	Written Materials for Participants	
2.3 Policies and Plans		
2.3.1	Information and Referral Policy	
2.3.2	After Hour Coverage Policy	
2.3.3	Smoking Policy	
2.3.4	Limited English Proficiency Policy	
2.3.5	Personnel Policy	
2.3.6	Background Check Policy	

#	Application Component	Relevant Document Title(s) to Satisfy Requirement
2.3.7	Assignment Policy	
2.3.8	Grievance Policy – Other Providers	
2.3.9	Continuous Quality Improvement Plan	
2.3.10	Financial Management and Billing Policy	
2.3.11	Emergency Management Plan	
III. Individual Case Manager Standards		
3.1	Demonstrates adherence to case manager standards	
Other Relevant Documents		
Req. Ref. #	Document Type (e.g., contract, organization chart, etc.)	Document Name

Section C. Affidavit of Application

Read, sign, and date this affidavit.

1. I agree to comply with the requirements and Certification Standards as issued. EOHHS reserves the right to amend these requirements with reasonable notice to participating providers.
2. I agree to support participants statewide.
3. I agree to comply with all State and federal rules and regulations that apply to all Medicaid providers.
4. I agree that the case management agency and any managing employee shall not provide services that involve a conflict of interest.
5. I agree that all case managers will receive training, in accordance with EOHHS' training standards, prior to providing CFCM services to participants.
6. I understand that all materials submitted to the State for consideration in response to these Certification Standards will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception.
7. I hereby certify that I have read the aforementioned Application and that all statements are true to the best of my knowledge and belief.
8. If signing electronically, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature.

_____   _____

Signature of Authorized Person   Date of Signature (MM/DD/YY)

_____

Title of Authorized Person

_____

Printed Name of Authorized Person