



# Conflict-Free Case Management Solutions Brief

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## Background

Federal and state governments are creating statutes to move away from institutional care and increase the delivery of home and community-based services. This change is frequently accompanied by restructuring of organizations to prevent conflicts of interest. As the industry moves towards more person-centered processes, conflict of interest regulations are essential because they allow the case manager to work with individuals to create goals and plans that are truly based on an individual's wants and needs in an objective, unbiased way.

Conflict-free case management (CFCM) requires that assessment and coordination of services are separate from the delivery of services, with the goal to limit any conscious or unconscious bias a care manager or agency may have, and ultimately promote the individual's choice and independence. The different regulations surrounding CFCM and conflicts of interest require the restructuring of long term services and supports (LTSS) delivery so that a single agency is not both assessing what services an individual needs and then providing those services to them.

## Relevant Legislation

CFCM and conflict of interest definitions are codified in four federal policy initiatives:

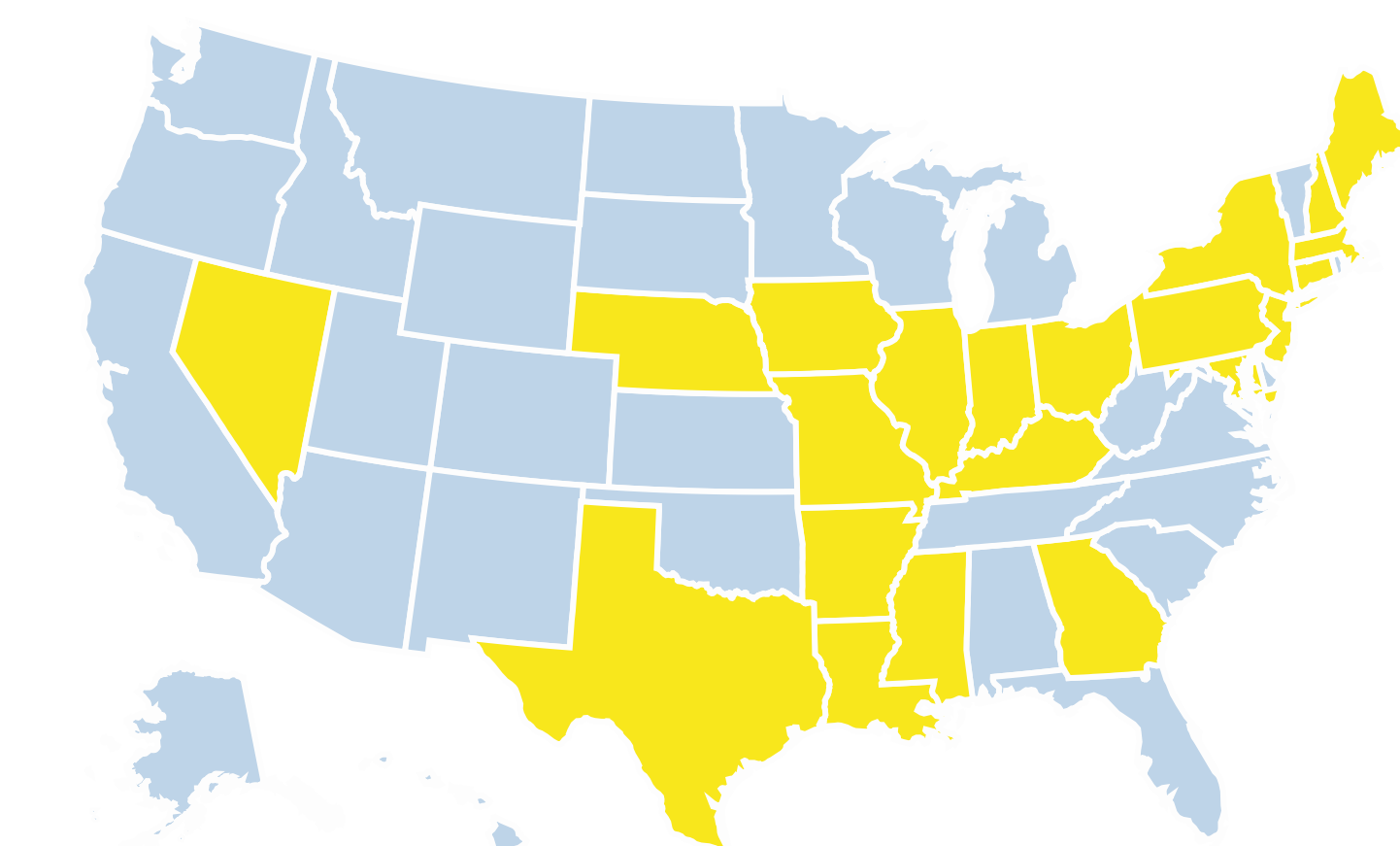
1. The Balancing Incentive Program within The Affordable Care Act (ACA)
2. Community First Choice (CFC) within the ACA
3. Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2249F)
4. The Older Americans Act Reauthorization Act

# Statutory History & Requirements

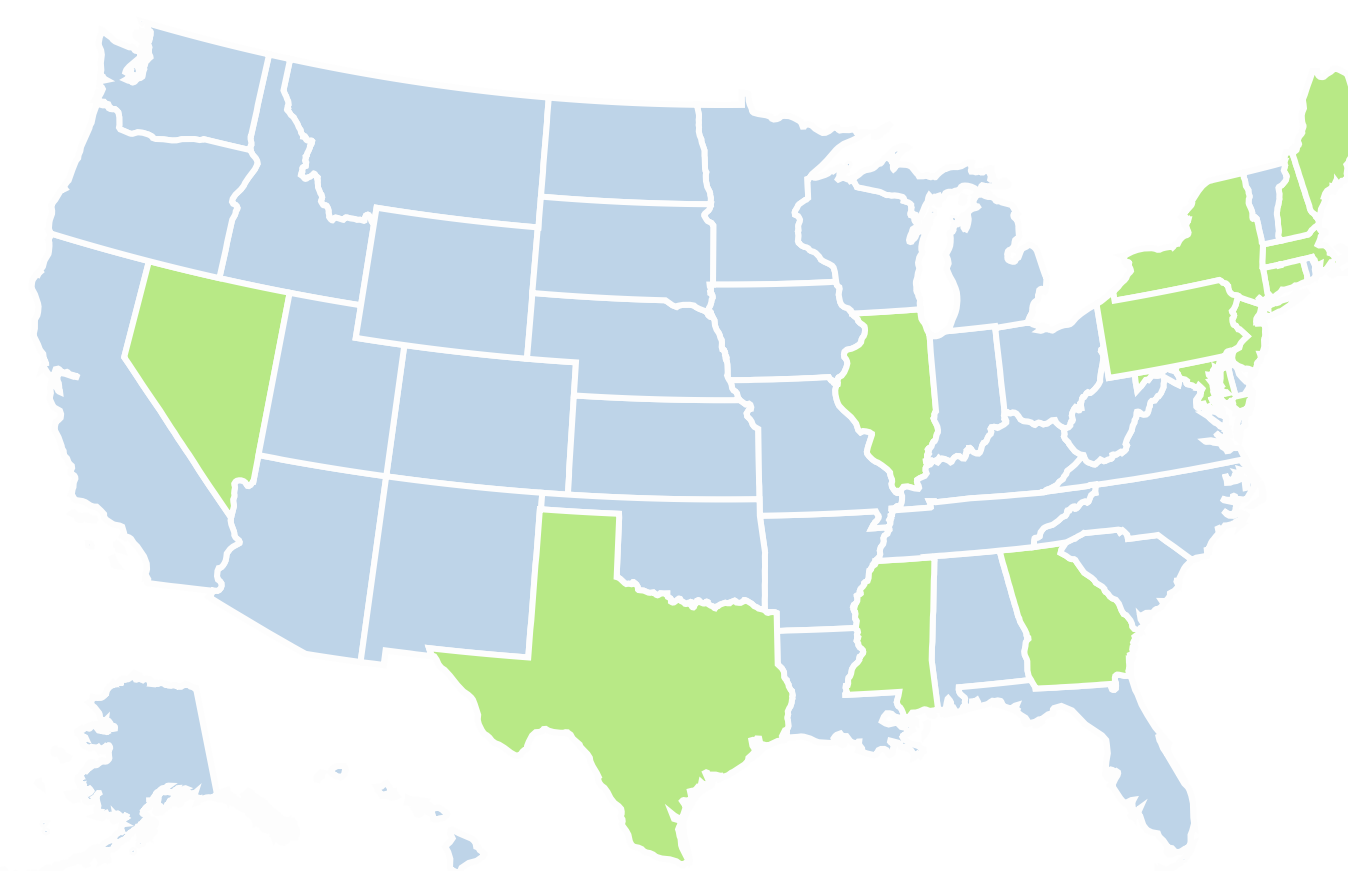
## Balancing Incentive Program

The Affordable Care Act includes provisions for CFCM under the Balancing Incentives Program (BIP). The twenty-one<sup>1</sup> states that were approved to participate in the program received enhanced federal funding to restructure their LTSS programs, in favor of promoting home and community-based services over institutional care. The regulation requires "conflict-free case management services to develop a service plan, arrange for services and supports, support the beneficiary (and, if appropriate, the beneficiary's caregivers) in directing the provision of services and supports for the beneficiary, and conduct ongoing monitoring to assure that services and supports are delivered to meet the beneficiary's needs and achieve intended outcomes."<sup>2</sup> The enhanced funding concluded on September 30, 2015 but 13 states are still participating in the program.

### States Initially Approved for BIP



### States Still Participating in BIP



## Community First Choice

The Community First Choice (CFC) provisions in the Affordable Care Act provide states with a financial incentive to offer HCBS to Medicaid beneficiaries under their State Plan. The 1915(k) Community First Choice State Plan Option includes conflict of interest requirements for the assessments and development of the person-centered service plan. The standards, effective on March 17, 2014, require that the individuals or entities conducting the assessment and plan are not:

Related by blood or marriage to the individual, or to any paid caregiver of the individual.

Financially responsible for the individual.

Empowered to make financial or health-related decisions on behalf of the individual.

Individuals who would benefit financially from the provision of assessed needs and services.

Providers of State plan HCBS for the individual, unless they qualify for the exception.<sup>3</sup>

[1] Centers for Medicare & Medicaid Services, *Balancing Incentive Program*. <https://www.medicaid.gov/medicaid/ltss/balancing/incentive/index.html>  
[2] Section 10202 of the Patient Protection and Affordable Care Act; 42 U.S.C. 124 STAT. 925 (B).  
[3] Medicaid Program; Community First Choice Option; Final Rule, 42 CFR § 441.555 (2014).



## Statutory History & Requirements Cont.

### HCBS Settings Final Rule

The HCBS Settings Final Rule contains provisions about a person-centered planning process, which includes conflict of interest guidelines that require states to separate case management from service delivery under 1915(c), 1915(i), and 1915(k). The rule specifies that a provider of HCBS or those who have an interest in or are employed by a provider for the individual cannot provide case management or develop a service plan.<sup>4</sup> The defined conflict of interest standards for a 1915(c) waiver state that case management and development of the person-centered service plan may not be created by providers of HCBS for the individual, nor by any entity that has an interest in a provider.<sup>5</sup> Under the 1915 (i) State Plan Authority, the case manager cannot be:

Related by blood or marriage to the individual, or to any paid caregiver of the individual.

Financially responsible for the individual.

Empowered to make financial or health-related decisions on behalf of the individual.

Holding financial interest, in any entity that is paid to provide care for the individual.

Providers of State plan HCBS for the individual, unless they qualify for the exception.<sup>6</sup>

There is an exception when there is only one “willing and qualified” entity in a geographic area to provide both case management and services.<sup>7</sup> This may occur in states with more rural and frontier areas but requires the creation of conflict of interest protections that must be approved by CMS.

### Older Americans Act Reauthorization of 2016

The Older Americans Act (OAA) Reauthorization Act of 2016 includes requirements to mitigate conflict of interest with the Long-Term Care Ombudsman Programs with a section devoted to the prevention of organizational conflict of interest.<sup>8</sup>

[4] Medicaid Program; State Plan Home and Community-Based Services, 5- Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community Based Services (HCBS) Waivers; Final Rule, 42 CFR § 431.301 (2014).

[5] Ibid., 42 CFR § 431.301 (2014).

[6] Medicaid Program; Provider Qualifications; Final Rule, 42 CFR § 441.730 (2014).

[7] Ibid., 42 CFR § 441.730 (2014).

[8] Older Americans Act Reauthorization Act of 2016, S.192 § (2016). Pg 130.



## Potential Challenges



The move to implement conflict-free case management standards is not without its challenges. States must restructure the delivery system of long-term services and supports, which is not an overnight process. Additionally, the new systems must be developed with the individual experience in mind to ensure there are no disruptions in service. For many agencies, the case management branch of their organization provides funds that offset the expenses of other high-cost services.

States will be implementing different models to achieve conflict free case management for their residents. There is a real concern that if these transitions are not properly and thoughtfully done, the system can increase in complexity and difficulty for the individuals moving through them. Implementing the proper technology solutions can work to streamline processes and ensure that information is not lost.

## State Spotlights



### New York

In New York State, the Office for People with Developmental Disabilities (OPWDD) announced that service coordination for people with ID/DD will move to Care Coordination Organization Health Homes (CCO/HH), to provide conflict free, person-centered management.



### Illinois

In Illinois, Independent Service Coordination agencies will provide case management services, including determination of eligibility, provider identification, service plan development, and monitoring of the Plan.<sup>9</sup> For states in managed care environments, the state implements the assessment and the Managed Care Organizations (MCOs) are responsible for developing the care plan.

[9] Illinois Department of Human Services, *Division of Developmental Disabilities Person Centered Philosophy Statements*, (2017).



# How MediSked Can Help

## MediSked's Care Coordination Suite

As the leading software solutions company for human services organizations across the country, MediSked's team of dedicated experts is well equipped to ensure your organization can provide case management that complies with conflict of interest requirements.

The MediSked Suite for Care Coordination includes assessment strategies and integrated care coordination activities that help individuals with ID/DD achieve their maximum potential by integrating independence, self-determination, and productivity into all facets of their lives.



### Care Management Platform

MediSked Coordinate will allow your organization to work with the individual and their circle supports to create successful care plans that are truly centered around their lifestyle, goals, and dreams. Our cloud-based software provides your case managers with real-time access to all the tools they need to provide quality, compliant care coordination to the individuals in their caseload.



### Multi-Agency Business Intelligence Platform

A multi-agency business intelligence platform, MediSked Connect Exchange can be leveraged to expand the breadth of available data and supercharge traditional care coordination tools and workflows. The powerful reporting tools and custom report builder allow entities to view trends and outcomes across their membership.



### Person-Centered Portal

MediSked Portal provides unparalleled visibility to what is happening in a person's life, connecting their circle of supports through interactive empowerment tools, and allowing individuals to communicate electronically with their care team and service providers.

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#### One Stop Solution

The Care Coordination tools from MediSked create and promote opportunities for people with ID/DD through better access to integrated information and resources, translating to better health, welfare, and safety outcomes to live the lives they choose.

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