

CFCM ADW Waiver Stakeholder Group Meeting
January 11, 2019
1PM to 3PM
Minutes

- 1. Welcome/ Introductions – Luann welcomed stakeholder members**
- 2. Models/ Examples from other states- Liz continued review of examples from other states who are currently working on parameters of full implementation of Conflict Free Case Management requirements reflected in 9 key elements previously discussed.**
- 3. Strategic Action Planning for Operationalization of CFCM**
 - Maggie and Megan facilitated discussion and began to pull together strategic action plan for WV CFCM implementation with ADW program (see attached)**
- 4. Established date for regular meetings and Liz will follow up with scheduling sites. ADW group will be meeting every two weeks.**

Conflict Free Independent Case Management Stakeholder Group

Strategic Action Planning

January 11, 2019

1pm – 3PM 2 Bureau of Senior Services office

What is Working Well:	Notes:
<ul style="list-style-type: none"> • Already have separate lists for agencies on web (CM versus Provider) • Freedom of Choice process • Team collaboration with and between agencies • More provider options even for rural areas (at least 2 in each county) • Initial choice of provider by Kepro • Rights and Responsibilities reviewed every 6 months by agency case manager • Notification of starting services/providers • Multiple avenues to get on Waiver/be identified • Long term case managers with vast knowledge of resources and wrap around whole part • Assist with financial eligibility even with out pay • Intense specialization in A & D • Licensure for Case Managers (SW /RN) 	
Concerns:	Notes:
<ul style="list-style-type: none"> • What if a participant wants to keep their current provider/CM? Process? • Corrective action plan by CMS? • Not profitable- # of clients if half are “lost” • Larger # of tasks for CM versus PA • CMS doesn’t seem to consider CM as service • Agency agreements would increase nonbillable tasks like travel etc. • Takes away freedom of choice limits personality options • Losing person centered services and the focus on participant • Lack of agency respect for other agencies responsibilities 	

<ul style="list-style-type: none"> • Running out of PA staff- agencies not separate. Agencies don't inform of option to transfer when no staff are available • PA only agencies can't do everything without double staff • Limited client base- agencies might stop doing CM • Loosing providers they've had for 10 + years 	
Ideas:	Notes:
<ul style="list-style-type: none"> • Agency agreements but loose FOC • Can we change CM o something different like resource consultants? • Change how we bill/reimburse for what CM do while keeping team intact • Ask for clarification on options/solutions for choice with CMS • Remove CM from ADW but provided by agency still • Targeted Case Management by behavioral health • Independent CM sole proprietor (keep clients) • Regular satisfaction survey checks • Make CM financially sustainable independent of PA • Continue current • Change new clients to CFCM moving forward 	
What do we need?	Notes:
<ul style="list-style-type: none"> • Build new code for death investigations/critical incidents • Consumer satisfaction data current • Know how far we are away from compliance • Breakdown pieces as if it's a corrective action plan, need technical assistance? 	<p>Program is currently fully compliant with current policy manual.</p>