

# Conflict Free Independent Case Management Stakeholder Group

## Strategic Action Planning

January 25, 2019

1pm – 3PM 2 Bureau of Senior Services office

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

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