ADW and TBIW Conflict Free Case Management Stakeholder meeting minutes:

November 27, 2019

Introductions were completed (

Reviewed CMS PowerPoint presentation : "Conflict-of- Interest-HCBS-Case – Management- July 2018 presentation with stakeholder group to ensure stakeholder understanding. Provided opportunities for clarifying questions by stakeholder members. Discussed at length mandate for separation of Case Management and service provision for individual. Agencies can provide both but not for the same person .

Reviewed 9 elements for Conflict Free Case Management (see attached)

Discussed "Person Centered Planning" as the cornerstone of Conflict Free Case Management. Focusing on outcomes that are identified by the person receiving services. Independent Case Management will document desired outcomes and assist with overcoming barriers. Using a person centered approach decreases potential for conflict. Choice equals power, communication is key. Also discussed using as a tool , putting yourself in the shoes of the person receiving services. As a group discussion occurred related to difference between "person centered" and "agency Centered" practices. Person centered planning does not mean "fitting" into an existing program and we can't overlook or ignore the difficult issues to deal with. Everyone does not get everything they want in person centered planning but rather a balance of what is important to and important for.

Reviewed steps made over past 5 years in the direction of compliance with Conflict Free Case Management. With the 2020 renewal, full compliance is expected.

Reviewed current data of where we are now (see attached)

Discussed / provided links for national examples including Colorado, Alaska, Ohio among others.

Discussed using data including counties/service locations, corporate structure/Board of Directors, Organizational charts, Case Management office location, rural or cultural exemptions, agencies customer satisfaction survey, protocols in place to confirm services in service planning area and agency's policy and procedures relevant to conflict of interest .

Planning next meetings to be separating two groups, ADW and TBIW , in order to look at program specific parameters for each waiver . Groups will be merged at point closer to WVCFCM program

Survey of attending stakeholders collected at end of meeting. Survey question asked for each member to list 5 pros (positive outcomes CFCM could bring) and 5 cons (challenges which will need to be addressed)

Next meeting January 11, 2019 10am – 12 noon (TBIW)

1PM -3pm (ADW)

Nine Elements for Conflict-Free Case Management

1. Clinical or non-financial eligibility determination is separated from direct service provision. Case managers who are responsible for determining eligibility for services, do so distinctly from the provision of services. In circumstances where there is overlap, appropriate firewalls are in place so that there is not an incentive to make individuals eligible for services to increase business for their organization. Eligibility is determined by an entity or organization that has no fiscal relationship to the individual. This separation applies to re-determinations as well as to initial determinations.

2. Case managers and evaluators of the beneficiary's need for services are not related by blood or marriage to the individual; to any of the individual's paid caregivers; or to anyone financially responsible for the individual or empowered to make financial or health-related decisions on the beneficiary's behalf.

3. There is robust monitoring and oversight. A conflict-free case management system includes strong oversight and quality management to promote consumer-direction and beneficiaries are clearly informed about their right to appeal decisions about plans of care, eligibility determination and service delivery.

4. Clear, well-known, and accessible pathways are established for consumers to submit grievances and/or appeals to the managed care organization or State for assistance regarding concerns about choice, quality, eligibility determination, service provision and outcomes.

5. Grievances, complaints, appeals and the resulting decisions are adequately tracked and monitored. Information obtained is used to inform program policy and operations as part of the continuous quality management and oversight system.

6. State quality management staff oversees clinical or non-financial program eligibility determination and service provision business practices to ensure that consumer choice and control are not compromised, both through direct oversight and/or the use of contracted organizations that provide quality oversight on the State's behalf.

7. State quality management staff track and document consumer experiences with measures that capture the quality of care coordination and case management services.

8. In circumstances when one entity is responsible for providing case management and service delivery, appropriate safeguards and firewalls exist to mitigate risk of potential conflict.

9. Meaningful stakeholder engagement strategies are implemented which include beneficiaries, family members, advocates,

West Virginia

Hancock 3 CM 5 PA 3 PC
Brooke 3 CM 5 PA 3 PC
Ohio 2 PC 2 CM 4 PA
Marshall 2 CM 4 PA 2 PC
Wetzel 7 CM 10 PA 5 PC
Monongalia 3 CM 13 PA 3 PC
Preston 5 CM 10 PA 4 PC
Marion 12 CM 17 PA 5 PC
Tyler 3 CM 6 PA 5 PC
Pleasants 8 PA 5 PC 6 CM
Doddridge 9 CM 16 PA 5 PC
Harrison 13 CM 23 PA 9 PC
Taylor 4 PC 13 PA 9 CM
Wood 9 CM 10 PA 6 PC
Ritchie 9 CM 15 PA 9 PC
Barbour 10 CM 12 PA 5 PC
Tucker 8 CM 9 PA 5 PC
Grant 7 CM 7 PA 5 PC
Mineral 3 CM 4 PA 4 PC
Hampshire 6 CM 5 PA 6 PC
Morgan 5 CM 4 PA 5 PC
Berkeley 4 CM 4 PA 5 PC
Jefferson 4 CM 4 PA 6 PC
Hardy 4 CM 7 PA 4 PC
Wirt 6 CM 9 PA
Jackson 6 CM 13 PA 8 PC
Calhoun 6 CM 16 PA 8 PC
Gilmer 6 CM 10 PA 5 PC
Lewis 8 CM 13 PA 6 PC
Upshur 12 CM 17 PA 7 PC
Randolph 10 CM 12 PA 6 PC
Pendleton 5 CM 8 PA 4 PC
Mason 11 CM 13 PA
Roane 7 CM 15 PA 11 PC
Braxton 10 CM 13 PA 7 PC
Webster 8 CM 9 PA 6 PC
Putnam 13 CM 21 PA 10 PC
Cabell 8 PC 11 CM 17 PA
Kanawha 15 CM 28 PA 15 PC
Clay 11 CM 16 PA 10 PC
Nicholas 11 CM 15 PA 6 PC
Pocahontas 7 CM 10 PA 4 PC
Wayne 11 CM 18 PA 8 PC
Lincoln 12 CM 22 PA 8 PC
Boone 13 CM 19 PA 8 PC
Fayette 16 CM 22 PA 11 PC
Greenbrier 11 CM 13 PA 7 PC
Logan 15 CM 21 PA 9 PC
Mingo 10 CM 8 PA 8 PC
Raleigh 13 CM 20 PA 9 PC
Summers 8 CM 10 PA 8 PC
Monroe 7 CM 10 PA 7 PA
Wyoming 11 CM 14 PA 8 PC
McDowell 9 CM 12 PA 7 PC
Mercer 12 CM 15 PA 10 PC

CM = ADW Case Management Agencies
PA = ADW Personal Attendant Agencies
PC = Medicaid State Plan Personal Care Program Agencies

FEEDBACK FROM ADW AND TBI STAKE HOLDER GROUP MEMBERS 11/27/18

Positive outcomes of ICM	Challenges of ICM
Participants have freedom Of choice	Money for CMA if stand alone
Best possible care	Take away choice from participant if they are not allowed to pick the CMA or PAAA together.
Increased sense of freedom of choice for participants	CMA will close and people out of job
CMS more focused on participants needs	Potential decrease in the # of provider agencies
Mores CM providers, especially in limited areas	Potential change in provider agency for participant
Additional CM services available to participants	Participants losing CM who they have a relationship with
More focus on CM services by providers and state of WV	Areas with limited providers become worse
Unsure at the point	Loss of client load
Participants would have freedom to discuss problems with PA agency without worry of retaliation	Making sure CM keeps job/rate of pay makes it unable to be self sustaining
Our CMs do an excellent job although I know there are horrific stories ,it is hard for me at this time to determine all the good that would come	Change is never easy
Better care	Relationships between participant and CM and PA RN being disrupted
More resources	Concerns for CM
No pressure for CT.	I know there will be challenges but I still want to be a part of the stakeholder group to participate
There are currently enough CM and PA providers in each county to provide choice	Chase managers
Individual is able to make truly informed choices	Budgets $
Person will have more and other options for experiences and better quality of life than what agency offers	Agencies may drop case management
Independent Case Manager is unbiased	# of CM agencies with counties
CM trained in person centered planning activities	Upset clients
Consideration of telehealth as option for CM	Finding CM who are willing to accept (current proposed pay rates
Certain freedom of choice for all participants	CM may not be fully trained or certified in their specialty area
Consumers have access to choice	CM may not know all opportunities or resources in their coverage areas
There are multiple flourishing service options	Scheduling may be difficult
Continuity and pleasing lives for consumers	Enough financial ability to maintain adequate maintenance with operation of business

FEEDBACK FROM ADW AND TBI STAKE HOLDER GROUP MEMBERS 11/27/18

Enthused, dynamic leaders in the field	Enough staff to maintain a separate case management along with location.
The service quality improves	CM being effective w/o agency connections
Person Centered	CM at a desired, valued activity
Less potential for conflict of interest situations	Old Edges of Old systems interfering with planning
Rules very clear	Thinking Outside the Box
More consumer driven	There are not enough people invested in culture change
More choice for consumer	Agency directors must make decisions
Possibly raise rate for case management	Agencies that do both possibly losing CM
	Not enough CM providers or $ for CM
	Already confusing as far as enrollment for clients
	People who agencies already serve as both being disrupted
	Participant input

Other comments:

1. I can understand that things change and I'm like you, sometimes you have to roll with the punches.
2. Concerned about current participants with current agency and how the transition would occur.
3. Considerations? 1. Investigate how other independent case managers operate, like with workers comp etc. 2. Consider tele-health as an option for CM to allow greater county coverage (beyond 8)
4. As a CM, I have an established good, working relationships with my clients and it is hard to explain to clients who also have PA services with the same agency that they will have to give up the CM that they know and trust or give up their RN and PA to be able to keep that CM. This is not freedom of choice.
5. Stop agency from collecting all ADW participants
6. Encourage freedom of choice