



Summary of Conflict-Free Case Management

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* As of 12/31/2014, state is no longer participating in the Program.

What is Conflict-Free Case Management?

The Balancing Incentive Program requires states to mitigate conflict of interest in the provision of community long-term services and supports (LTSS). “Conflict of interest” is defined as a “real or seeming incompatibility between one’s private interests and one’s public or fiduciary duties.” Optimally, a conflict-free case management system includes the following design elements:

1. Clinical or non-financial eligibility determination is separated from direct service provision.
2. Case managers and evaluators of the beneficiary’s need for services are not related by blood or marriage to the individual, the individual’s paid caregiver(s), or to anyone financially responsible for the individual.
3. There is robust monitoring and oversight.
4. Clear, well-known, and accessible pathways are established for consumers to submit grievances and/or appeals to the managed care organization or State.
5. Grievances, complaints, appeals and the resulting decisions are adequately tracked and monitored.
6. State quality management staff oversees clinical or non-financial program eligibility determination and service provision business practices.
7. State quality management staff track and document consumer experiences.
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.

This document describes state strengths and weaknesses in terms of conflict-free case management, as presented in Work Plans. First, we present a table consolidating state information on the strategies used to mitigate conflict. Next, we present a table for each state that describes the entities that conduct each of the following activities: case management, assessments, and community LTSS provision. This document has been updated with information as presented in Work Plans and updated through quarterly progress reports. For more information, please see Work Plans posted on Medicaid.gov:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Balancing-Incentive-Program.html>.

Strategies for Mitigating Conflict

The table below describes the strategies each state employs for mitigating conflict within their case management system:

	Arkansas	Connecticut	Georgia	Illinois	Iowa*	Indiana	Kentucky	Louisiana	Maine*	Maryland*	Massachusetts*	Mississippi	Missouri	Nevada	New Hampshire	New Jersey	New York*	Ohio*	Pennsylvania*	Texas*
Administrative firewalls				○	●		○			○	●				●	○	○	○	○	○
State approval of plans of care	○	○				●	●	○	●	○		○	○	●	○	●		○	○	○
State monitoring through analysis of referrals		○			●	○				○					○	○				○
State monitoring through survey of beneficiary satisfaction	○	●		○	●	○	●	○	●		○				●	●	○	○	○	○
Beneficiary complaint system	●	●		○	●	○	●	○	●		●	●	●		●	○	○	●	○	○
Data-driven assessments		○		○	○		○			○						○	○	○		○
External audits of assessments, plans of care, medical necessity of services			●	○		●	●	○		○	●		●	○		○		○	○	
Beneficiary participation in plan of care/right to change provider	○			○			●				●	○	●		●	●	○	●	○	

* At least some community LTSS populations are enrolled in managed care

- All waivers and state plan services have mitigation strategy
- Some waivers and state plan services have mitigation strategy

Arkansas

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Division of Aging & Adult Services (DAAS) ElderChoices 1915(c) waiver	DAAS registered nurse (RN)	State plan Targeted Case Management (TCM) providers	Medicaid providers of: Homemaker, Respite, Adult Companion Services, Home-delivered Meals, Personal Emergency Response Systems, Chore Services, Adult Day Health, Adult Day Care, Adult Family Home.	Potential conflict: some TCM provider agencies also provide home and community based services (HCBS) waiver services.
DAAS Alternatives for Adult with Physical Disabilities 1915(c) waiver	DAAS RN	HCBS waiver Counseling Support Management (CSM) providers	Medicaid Providers of: Counseling Support Management, Attendant Care Services, Environmental Accessibility Adaptations/ Adaptive Equipment.	Potential conflict: some CSM agencies also provide other HCBS waiver services.
DAAS Living Choices Assisted Living (LCAL) 1915(c) waiver	DAAS RN	HCBS waiver assisted living provider	Medicaid Providers of: LCAL Services (bundled services)	Potential conflict: the LCAL provider also provides all HCBS waiver assisted living services (bundled services) to the client; however, the LCAL provider is chosen by the waiver participant prior to the involvement of the LCAL provider in case management.
DAAS	DAAS RN	DAAS RN		DAAS RN establishes the level of care and maintain control of the plan of care. Service Providers are

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				bound to that plan of care.
Division of Developmental Disabilities Services Alternative Community Services (DDS-ACS) 1915(c) waiver	DDS-ACS waiver case management provider; a physician's certification of level of care and approval of the service plan is required.	DDS-ACS waiver case management provider agency	Medicaid Providers of: Case Management, Respite, Supported Employment, Supportive Living, Specialized Medicaid Supplies, Adaptive Equipment, Community Transition Services, Consultation, Crisis Intervention, Environmental Modifications, Supplemental Support	Potential conflict: some case management provider agencies also provide other HCBS waiver services.
DDS	Pine Bluff Psychological Associates	DDS specialist offers choice of case management provider agencies		<p>State requires that case managers are not related in any way to anyone financially responsible for or able to make financial or health related decisions for the individual. Case managers cannot provide direct service or supervise direct service.</p> <p>There is also an annual on-site review of case manager personnel files and an investigative unit that investigates any complaints from clients.</p>
State plan TCM	State plan TCM provider	State plan TCM provider	TCM	Conflict Mitigation: State retains the assessment, eligibility determination, care plan development, and provider choice tasks.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
State Plan Amendment 1915(i) for Division of Behavioral Health Sciences	Independent Organization	Independent Organization	Certified 1915(i) Behavioral Health Providers	<p>An independent organization will be identified through a competitive bid process to conduct the functional assessment and develop an independent care plan.</p> <p>The independent functional assessment will guide the development of an independent care plan. The care plan will determine the 1915(i) services that are appropriate and necessary for the client.</p> <p>The organization performing the independent functional assessment or developing the independent care plan will not be able to provide 1915 (i) behavioral health services or behavioral health home services.</p>
Behavioral Health Homes	Independent Organization	Independent Organization	Certified Behavioral Health Homes	<p>An independent organization will be identified through a competitive bid process to conduct the functional assessment and develop an independent care plan.</p> <p>The independent functional assessment will guide the development of an independent care plan. The care plan will guide the care management delivered</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				<p>through the behavioral health home.</p> <p>The organization performing the independent functional assessment or developing the independent care plan will not be able to provide 1915(i) behavioral health services or behavioral health home services.</p>

Connecticut

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Connecticut Home Care Program for the Elder Waiver	Access Agencies, contracted by the Department of Social Services (DSS): the Access Agency Care Planners complete the functional assessments. The DSS Alternate Care Unit nurses and MFP nurses approve the care plans.	Access Agencies can provide ongoing case management for clients who chose to receive case management services, but Access Agencies do not provide any other home care services.	Home health agency, personal care assistants	Access agencies perform functional assessments and development of care plans, as well as provide case management services. Care plans are approved by the Department of Social Services, minimizing any conflict.
Personal Care Assistance Waiver	Social Workers hired by DSS complete the functional assessments. Approval of care plans is performed by DSS Social Work Services Division or MFP.	There are no ongoing case management services.	Personal care assistants	No conflict because functional assessments are performed by a state agency.
Acquired Brain Injury Waiver	Social Workers hired by DSS complete the functional assessments. Approval of care plans is performed by DSS Social Work Services Division or MFP.	Ongoing case management services can be provided.	Home health agency, personal care assistants	No conflict because functional assessments are performed by a state agency.
Department of Developmental Services (DDS) Waivers: Comprehensive Waiver, Individual and Family Support Waiver, Autism Waiver	DDS Case Managers and Planning and Resource Allocation Teams (PRAT) complete the functional assessments. Approval of care plans is performed by DDS or the DSS MFP nurse.	DDS provides ongoing case management.	Supported Employment Services, Group Day, Adult Day Health, Residential Habilitation and Respite	No conflict because functional assessments are performed by a state agency.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Mental Health Waiver: Working for Integration Support and Empowerment (WISE)	The Department of Mental Health and Addiction Services (DMHAS) contracts with Advanced Behavioral Health (ABH), who performs fiscal intermediary functions as well as functional assessments and case management. DMHAS also contracts with Local Mental Health Authorities (LMHAs) to provide functional assessments and case management.	ABH and LMHAs	LMHAs	To mitigate potential conflict, day to day clinical supervision is provided by DMHAS or ABH, neither of which provides LTSS. There is also a virtual firewall between case managers and the staff who provide services within the agencies that provide both services. Case managers also have no oversight of the staff that may be delivering services.
Katie Beckett Model Waiver	Nurses within the Division of Health Services in the DSS complete the functional assessments. Approval of care plans is performed by DDS or the DSS MFP nurse.		Home health agencies	No conflict because functional assessments are performed by a state agency.
State Plan Community Mental Health Services	Functional needs can be determined by various entities including LMHAs, independent practitioners, mental health clinics, and hospital outpatient facilities. Care plans do not require approval, but Value Options approves behavioral health services, so fill the position of an oversight entity if the types or amounts of services appear to be atypical.	Some clients may agree to and receive Intensive Care Management Services through either or both Connecticut Health Network (CHN) for medical services, or Value Options for behavioral health services. Both CHN and Value Options are contracted by DSS.	LMHA	Mitigation strategies for the State Plan Community Mental Health Services are the same as the strategies for the Mental Health Waiver WISE, as listed above.

Georgia

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
The Comprehensive Supports Waiver Program The New Options Waiver The Independent Care Waiver Program	The Department of Behavioral Health and Developmental Disabilities; assessment is reviewed by an external medical management contractor.	Case management agency not affiliated with a service provider	Enrolled Medicaid Providers	No conflict
Program for Children and Youth with Serious Emotional Disorders	Submitted by service provider through an external medical management contractor	Employees of the behavioral health provider agency, which also provides community-based mental health care services	Enrolled Medicaid Providers	Mitigated by approval through an external review organization and the State Behavioral Health Agency
The Elderly & Disabled Waiver Program	Service provider or the State Unit on Aging through the AAAs; assessment is reviewed by an external medical management contractor	Case management providers (some also provide community LTSS, such as personal support and adult day health care)	Enrolled Medicaid Providers and AAAs contracted through ADRCs.	Mitigated through oversight by the Medicaid Agency's medical management contractor, Georgia Medical Care Foundation (GMCF). The state also eliminated the preferred provider network.
Home Health Services	Enrolled provider agencies	None	Enrolled home health providers	No conflict
Community Mental Health Services Program	Enrolled provider agencies	Enrolled provider	All behavioral health services	The external review organization reviews all mental health services before authorization. The

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				department of behavioral health also audits claims to ensure medical necessity.
Georgia Pediatric Program	Enrolled provider agencies	None	Enrolled HCBS providers	Mitigated by review and approval by the medical management contractor, Georgia Medical Care Foundation (GMCF), which review the PAs before services are approved.

Illinois

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Department of Aging Community Care Program	Department on Aging contracts with Case Coordination Units (CCUs) Integrated Care Program: Aetna Better Health and IlliniCare	CCUs or Aetna Better Health and IlliniCare	Service providers	CCU case managers develop the service plan with participation from the consumer.
Department of Healthcare and Family Services (HFS) Supportive Living Program	Registered nurses employed by the Supportive Living Facilities (SLF)	SLFs	SLFs	Conflict is avoided because the state currently pays the SLFs a flat daily rate, regardless of the level of service provision.
Division of Rehabilitation Services (DRS) <ul style="list-style-type: none"> • Home Services • AIDS • Brain Injury 	Home Service Program state-employed masters-level "counselors"	Home Service Program state-employed masters-level "counselors" and local non-profits for the AIDS and Brain Injury programs (entities that are separate from the service providers)	Service providers	Service plans must be approved by the client's physician who certifies that he or she is able to live in the community.
Developmental Disabilities (DD) Waiver	18 Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agencies	PAS/ISC agencies participate in the service plan development, approve the final plan, monitor service implementation, and advocate for the individual. Service providers convene the service plan meeting and	Service providers	The PAS/ISC agencies are prohibited via contractual arrangement from providing direct services for individuals with developmental disabilities.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
		write the plan.		
Department of Mental Health (DMH)	Service providers	Service providers	Service providers	In mental health service delivery, case management is considered an integral part of the delivery of services.
Division of Alcoholism and Substance Abuse (DASA)	Service providers	Service providers	Service providers	DASA pays providers a flat rate for case management (which is not reimbursable by Medicaid) and imposes a 20 percent cap on the amount of case management they can bill (as a percent of all claims). DASA would like to increase its monitoring of case management services.

Indiana

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
<p>Division of Aging – Aged & Disabled Waiver (A/D)</p> <p>Division of Aging – Traumatic Brain Injury Waiver (TBI)</p>	<p>Area Agencies on Aging (AAAs) contracted as Aging and Disability Resource Centers (ADRCs)</p> <p>If AAA Case Manager, the determination is rendered by the case management supervisor.</p> <p>If non-AAA case manager, the Level of Care (LOC) decision is rendered by the Division of Aging.</p>	<p>AAA Case Managers and non-AAA case managers</p>	<p>AAAs contracted as ADRCs or Case Management Provider/Contractor</p>	<p>The Division of Aging reviews all initial LOC decisions and issues plan of care decisions.</p>
<p>Division of Aging – Money Follows the Person (MFP)</p>	<p>MFP Transition Specialist and Nursing Facility Nurse</p>	<p>AAA Case Managers or Case Management Provider</p>	<p>AAAs contracted as ADRCs or Case Management Provider/Contractor</p>	<p>Case management is performed by the transition contractor for 365 days. Approximately 90 days before the end of the participation period, the local AAA will determine if the individual meets LOC. The individual can choose a case manager from the AAA or from a non-AAA company.</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Division of Disability and Rehabilitative Services – Community Integration and Habilitation Waiver (CIH) Division of Disability and Rehabilitative Services – Family Supports Waiver	Bureau of Developmental Disabilities Services (BDDS) Service Coordinators (as of September 1, 2012, called BDDS Generalists)	Case Management Providers – only provide case management services	BDDS Service Generalists or Case Management Providers	
Division of Mental Health and Addiction (DMHA) – Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF)	Community Mental Health Center (CMHC) Case Managers	CMHC Case Managers or Mental Health Service Providers’ Case Managers	CMHC Case Managers or Mental Health Service Providers’ Case Managers	
Division of Mental Health and Addiction – 1915(i) State Plan Option - Habilitation	CMHC Case Managers State DMHA staff make an independent assessment of the consumer’s needs and determine whether he/she meets the required standards for receipt of habilitation services	CMHC Case Managers or Mental Health Service Provider Case Managers	CMHC Case Managers or Mental Health Service Provider Case Managers	

Iowa

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Brain Injury Children's Mental Health Elderly	Enrolled Medicaid Providers	Enrolled Medicaid Providers	Enrolled Medicaid Providers	Possible conflict – functional assessments and case management are provided by the same entity. Entity providing functional assessments and case management may also be the entity that provided medically necessary services funded by Medicaid.
AIDS/HIV Health and Disability Physical Disability	Department of Human Services (DHS) Service Workers	DHS Service Workers	Enrolled Medicaid Providers	Possible conflict - DHS service workers are attached to the funding source.

Kentucky

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Home and Community Based (HCB)	All providers	All providers	Adult Day Centers, Home Health, Area Agencies on Aging and Independent Living, CILs	KY has received permission to make revisions to the HCB waiver which will require conflict-free case management. KY is also considering independent assessment requirements.
Supports for Community Living	Employees of the Department for Behavioral Health, Developmental, and Intellectual Disabilities	Private Providers and Community Mental Health Centers	Private Providers and Community Mental Health Centers	Conflict Reduction: neither the case manager nor the case management agency can provide any other waiver services if they are providing case management. The participant may request an exemption if there are no other case managers within thirty miles.
Michelle P.	Community Mental Health Centers	Private Providers and Community Mental Health Centers	Private Providers and Community Mental Health Centers	Conflict Reduction: neither the case manager nor the case management agency can provide any other waiver services if they are providing case management. The participant may request an exemption if there are no other case managers within thirty miles.
Behavioral Health Services	All providers	All providers	Behavioral Health Service Providers	Potential Conflict as the Behavioral Health network is being expanded beyond the Community Mental Health Centers. As the network capacity grows, this topic will be addressed.

Louisiana

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Developmental Disabilities <ul style="list-style-type: none"> • New Opportunities Waiver (NOW) • Residential Options Waiver (ROW) • Supports Waiver • Children’s Choice 	Local Governing Entity (LGE)	Case Management-Contractor	Private contractor	
Aging <ul style="list-style-type: none"> • Community Choices Waiver • Adult Day Health Care Waiver 	Enrolled Medicaid Support Coordinators (SC)	Enrolled Medicaid SCs	Office of Aging and Adult Services (OAAS) Case Management (Support Coordination)	The SC agency and support coordinators do not provide both support coordination and Medicaid-reimbursed direct services to the same participant(s).
Louisiana Behavioral Health Partnership	Statewide Management Organization (SMO)	Private contractor	Prepaid Inpatient Health Plan	The SMO is responsible for ensuring the assessment is completed through a sub-contracted provider to ensure no conflict of interest.

Maine

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Older Adult and Adult Services				
Consumer Directed Attendant Services (\$12 MBM) Home and Community Benefits for the Physically Disabled (\$22 MBM)	Assessing Services Agency: contractor selected by RFP to serve as single entry point for determining eligibility.	Service Coordination Agency; by rule may not be direct service provider	Personal care attendants, individuals selected by consumer	No overlap across entities
Home and Community Based Benefits for the Elderly and for Adults with Disabilities (\$19 MBM) Private Duty Nursing and Personal Care Services (\$96 MBM)	Same as above	Same as above	A provider agency, which provides direct services or a family provider agency, which is a state-registered personal care agency that manages personal care services for up to two members of a given family (self-directed option).	Same as above
Home Health (\$40 MBM)	Health home agency	N/A	Home health agency	No case management available under this service
Developmental Disability and Other Related Conditions				
Home and Community Based Services for Adults	Three entities are involved in assessing an individual's needs for services, none of which	The Care Monitor, a DHHS employee, develops a preliminary	DHHS-approved provider	No overlap across entities identified

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
with Other Related Conditions (§20 MBM)	provide direct services: <ul style="list-style-type: none"> • An Assessing Services Agency conducts a functional assessment. • Care Monitor, a Department of Health and Human Services (DHHS) employee, completes a BMS 99 or current functional assessment. • A physician determines that waiver services are medically necessary. 	care plan and service budget. The Care Coordinator develops a final plan. The Care Monitor approves the final plan. The Care Coordinator may not provide both care coordination and direct services to the same individual.		
Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder (§ 21 MBM) Support Services for Adults with Intellectual Disabilities or Autistic Disorder (§29 MBM)	The case manager conducts a functional assessment using a standard form and develops a person-centered plan. DHHS reviews the standard assessment to determine eligibility for waiver services. The case manager may be an employee of DHHS or a certified community case manager. The case manager may not provide case management and direct services to the same individual.	Case management may be provided by either a DHHS employee or by a certified community case manager, depending on the member’s level of need. The community case manager may not provide case management and direct services to the same individual.	Qualified provider agencies; may not also provide case management services to the same individual.	No overlap exists across entities.
Adult Mental Health				
Community Support Services (§17 MBM)	Employee of community support provider or other mental health	Employee of community support provider	Employee of community support provider or other	Community support provider may both

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
	agency, subject to prior authorization		mental health agency	determine functional eligibility for community support services and provide direct services; there is potential for conflict of interest.
Children's Services				
Behavioral Health Services (Children's Home and Community-Based Treatment) (§65 MBM)	Employee of mental health agency (e.g., intake or case manager); subject to prior authorization	Employee of mental health agency	Employee of mental health agency	Case manager conducts the functional assessment. Case manager may be employed by entity providing direct services; there is potential for conflict of interest.

Maryland

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Medical Day Care	Local Health Departments (LHD) Adult Evaluation and Review Services (AERS) or the Medical Day Care Provider using the interRAI HC	Medical Day Care provider	Medical Day Care Centers	This is a single service waiver and no case management of other services is provided.
Personal Care Services	LHD (AERS) or the Medical Day Care Provider using the interRAI HC.	LHD	Medicaid-approved agency and independent personal care	No conflict
Community Based Services for Developmentally Disabled Individuals	Regional Office	Service Coordinator	Providers of: residential habilitation, day habilitation, environmental modifications, respite care, supported employment, residential option, assistive technology and adaptive equipment, and intensive behavior management services	No conflict
Home Care for Disabled Children Waiver	Case Management provider completion, DHMH authorization	Case Management Provider	Independent Medicaid providers	No conflict
Statewide Evaluation and Planning Services	LHD (AERS) using the interRAI HC (currently the STEPS assessment)	LHD (AERS)	None	Case management providers do not provide any other service besides case management.
Targeted Case Management for HIV	Medicaid-approved Diagnostic Evaluation	Medicaid-approved HIV	None	Case management providers do not provide any other service

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Infected Individuals	Services providers	Ongoing Case Management providers		besides case management.
PACE	LHD (AERS) or the PACE Provider using the interRAI HC	PACE Provider	PACE Provider	PACE provider receives a capitated rate to be the primary coordinator of all other health care services for the participant, responsible for providing or assuring access to continuous, comprehensive, and coordinated health care services covered in the PACE benefit package.
Mental Health Case Management	Administrative Services Organization	Case management agency	Independent Medicaid providers	Some case management agencies also provide services.
Waiver for Adults with Traumatic Brain Injury	LHD (AERS) using the interRAI HC.	DHMH	Independent Medicaid providers	No conflict
Case Management for Individuals with Developmental Disability	Regional Office	Service Coordinator	Providers of: residential habilitation, day habilitation, environmental modifications, respite care, supported employment, residential option, assistive technology and adaptive equipment, and intensive behavior management services.	No conflict

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Maryland Medicaid Managed Care Program: Rare and Expensive Case Management	DHMH	Independent Medicaid case management providers	Independent Medicaid providers	No conflict
Psychiatric Residential Treatment Facility Demo Waiver	Administrative Service Organization	Care Management Entities	Independent Medicaid providers	No conflict
Increased Community Services Program	LHD (AERS) using the interRAI HC.	Case Manager Contractor	Independent Medicaid providers	No conflict
Community Mental Health Program: Psychiatric Rehabilitation Programs for Adults	Administrative Service Organization	Rehabilitation coordinator	Program director, psychiatric rehabilitation specialist, counselor, case manager	A single provider delivers both case management and other services.
Community Pathways	Regional Offices	Case Management Contractor	Independent Medicaid providers	No conflict
Community First Choice (CFC)	LHD (AERS) using the interRAI HC.	Case management contractor	Independent Medicaid providers	No conflict
Home and Community Based Options Waiver (HCBOW) -Living at Home and Older	LHD (AERS) using the interRAI HC.	Case Management Contractor	Independent Medicaid providers	Some Case Management provider agencies provide other services in rural areas. Certain administrative separations exist.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Adults Waiver merged				

Massachusetts

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Frail Elder Waiver (EOEA)	Aging Services Access Points (ASAPs)	ASAPs	ASAPs contract with a network of direct service providers	<p>As outlined in the ASAP Law, ASAPs may not directly provide waiver services beyond nutritional services.</p> <p>ASAPs may provide other Medicaid community-based LTSS that may be included in a participant’s care plan (e.g., Adult Foster Care, and Personal Care Management services). Those agencies must apply to MassHealth and receive a waiver from EOEA to provide these services.</p>
Community Living Waiver (DDS) Intensive Supports Waiver (DDS) Adult Supports Waiver (DDS)	DDS Regional Eligibility Teams	DDS-employed Service Coordinators at the area office level	Services provided by: <ul style="list-style-type: none"> Contracted vendors (through agency-procured Purchase of Service (POS) contracts) DDS staff in agency-operated community programs As participant-directed services where the Financial Management Services (FMS) is responsible for executing the provider agreement with an individual worker or agency 	DDS has established the following procedures and structural conflict mitigation strategies: <ul style="list-style-type: none"> Administrative firewalls including quality management and oversight that is conducted by a separate division of DDS. Staff from the DDS Office of Quality Management conduct bi-weekly reviews of reported critical incidents that have been

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				<p>identified by risk categories to assure that they received the appropriate reviews. A beneficiary complaint system has been established and includes access to fair hearings on eligibility determinations and a right to appeal service plan decisions as well as Complaint Resolution Teams that take the finding from the investigative process and formulate action plans. Individual Support Plans are reviewed through the Service Coordinator Supervisor Tool. Additional safeguards include: Reviews, by DDS Waiver Management Unit, of the Level of Care assessment conducted by the Regional Eligibility Team.</p>
<p>MFP – Residential Supports Waiver (DDS)</p> <p>Acquired Brain Injury Residential Habilitation Waiver (DDS)</p>	<p>University of Massachusetts Medical School (UMMS)</p>	<p>DDS-employed Service Coordinators at the area office level</p>	<p>The Medicaid agency contracts with Administrative Service Organization (ASO). The ASO solicits direct service providers, assists these providers in executing MassHealth provider agreements, verifies vendor qualifications and conducts vendor and quality monitoring activities. The ASO for this waiver is UMMS.</p>	<p>DDS has established the following procedures and structural conflict mitigation strategies: Administrative barriers between case management and direct service, the right to appeal waiver eligibility and service plans, robust quality monitoring by the state through the DDS Quality</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				Management and Improvement System, beneficiary choice of providers from qualified provider listing, and a statewide quality council.
Children’s Autism Spectrum Disorder Waiver (DDS)	DDS Autism Clinical Managers based out of the DDS Central Office	DDS Autism Clinical Managers based out of the DDS Central Office	The waiver uses an entirely Self-Directed service delivery model where the parent or guardian directs all services with support from Autism Support Brokers. (Financial Management Services is responsible for executing the provider agreement with the individual worker or agency.)	
MFP – Community Living Waiver -Non-Residential (Massachusetts Rehabilitation Commission – MRC) Acquired Brain Injury (ABI) Waiver – Non Residential (MRC)	UMMS	MRC Case Managers	The ASO, UMMS, solicits direct service providers, assists these providers in executing MassHealth provider agreements, verifies vendor qualifications and conducts vendor and quality monitoring activities.	MRC has embedded multiple conflict mitigation strategies and safeguards including: Reviewing consumer progress reports by case managers on a monthly basis, soliciting feedback from waiver participants regarding their satisfaction with services, allowing choice of providers based on consumer preferences, and conducting robust quality monitoring.
Traumatic Brain Injury Waiver (MRC)	MRC	MRC Case Managers	MRC contracts with direct service providers for the provision of waiver services. MRC verifies the	MRC has embedded multiple conflict mitigation strategies and safeguards including: Reviewing

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
			qualifications of contracted providers.	consumer progress reports by case managers on a monthly basis, soliciting feedback from waiver participants regarding their satisfaction with services, allowing choice of providers based on consumer preferences, conducting robust quality monitoring, and providing the right to appeal waiver eligibility and care plan decisions or adverse actions.
One Care	One Care plan MassHealth provides a proxy rating category for each enrollee that may be changed based on the results of the MDS-HC assessment.	One Care plan	One Care plans contract with a network of qualified providers for the delivery of Medicare and Medicaid state plan services as well as additional community support services.	State Oversight-The MassHealth Office of Providers and Plans includes a One Care contract management team. One Care enrollees also have the option to include an Independent Living Long Term Services and Supports (LTS) Coordinator on their care team who is employed by a community-based organization and is independent from the One Care plan. Beneficiary Complaint and Appeal System: One Care enrollees have the right to appeal any adverse care plan decision or file a grievance. Both grievances

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				<p>and appeals can be filed at an internal plan level or an external level (MassHealth Board of Hearings and Medicare Independent Review Entity for Medicare Services). One Care enrollees may access the One Care Ombudsman who can assist enrollees in understanding their rights under One Care including how to file an appeal or grievance.</p> <p>Additionally, MA Executive Office of Health and Human Services (EOHHS) convenes a consumer-led Implementation Council and other stakeholder engagement activities.</p>
<p>Program for All Inclusive Care for the Elderly (PACE)</p>	<p>PACE Program plans MassHealth Office of Long Term Services and Supports (OLTSS) Clinical Staff approve and authorize eligibility and rate cell payment category based on assessment.</p>	<p>PACE Program plans</p>	<p>PACE program plans provides or arranges all covered services.</p>	<p>Contracts to purchase services provided to PACE participants are subject to EOHHS approval. Federal regulations require that PACE plans members have a written Bill of Rights designed to protect and promote the rights of enrollees. Included in these rights is the right to appeal eligibility determinations and adverse service decisions. Each PACE plan must develop and</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				implement a data-driven Quality Assessment and Performance Improvement (QAPI) plan. Both CMS and EOHHS approve the QAPI plan and review the plan during periodic monitoring visits.
Senior Care Options (SCO)	The SCO Primary Care Team conducts the functional assessment. However, MassHealth OLTSS clinical staff makes the determination for level of payment.	SCO plan	The SCO plans maintain a provider network sufficient to provide all enrollees with access to the full range of covered services.	SCO plans are required to administer an annual survey to all enrollees and report results to EOHHS. State Oversight- Contract Management Teams monitor overall contract compliance and provide communication pathways between the state, CMS and the SCO plans. Additionally, EOHHS conducts periodic audits of SCO plans through an annual independent external review and annual site visits. SCO enrollees have access to additional case management support provided by Geriatric Support Services Coordinators (GSSC) who are employed by ASAPs. The role of the GSSC is to participate in initial and ongoing assessments and develop community-based care

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				<p>plans and related service packages to meet the needs of the enrollee.</p> <p>Beneficiary Complaint System- Grievances and appeals can be filed at an internal plan level or an external level (MassHealth Board of Hearings and Medicare Independent Review Entity for Medicare Services).</p>

Mississippi

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Elderly and Disabled Waiver	Mississippi Planning and Development Districts	Mississippi Planning and Development Districts	Not available	Case managers encourage applicants/ participants to participate in the development of the personalized plan of services. If the participant is not satisfied, or chooses to have a different case manager, alternate case managers will be provided.
Independent Living Waiver and Traumatic Brain Injury	Mississippi Department of Rehabilitation Services (MDRS)	MDRS	Not available	MDRS provides applicants and waiver participants the opportunity to exercise informed choice while receiving waiver services. Case managers, who conduct the assessments, give the waiver applicant/ participants the option to choose care providers and case managers without undue influence. The applicant/ participant completes documents attesting to informed and freedom of choice.
Assisted Living Waiver	MDRS	Mississippi Division of Medicaid	Not available	The services and care provided in this waiver is delivered by the Assisted Living (AL) provider that is chosen by the waiver applicant/participant prior to the

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				case managers' involvement in the case. The AL facility provides a bundle of services which negates the need for referral for any other service types.
Intellectual Disabilities/Developmental Disabilities Waiver (ID/DD)	Mississippi Department of Mental Health-Bureau of Intellectual and Developmental Disabilities (DMH/BIDD) Diagnostic and Evaluation Teams. Initial level of care (LOC) evaluations are conducted by a team consisting of a psychologist, psychometrist, speech pathologist, and a social worker.	DMH/BIDD Support Coordination team. The Support Coordination team consists of a Support Coordination Director with at least a master's degree in a mental health-related field, and a Support Coordinator with at least a bachelor's degree in a mental health-related field or a registered nurse. Re-evaluations are conducted annually by ID/DD waiver Support Coordinators.	Not available	The Support Coordination team is responsible for monthly home visits and phone calls to monitor and re-evaluate the need for services and whether or not services are rendered according to the plan of care.
Community Mental Health Services	Quasi Governmental Community Mental Health Centers	Quasi Government Community Mental Health Centers	Quasi Government Community Mental Health Centers	Many services now require pre-certification through Utilization Management/ Quality Improvement Organization (UM/QIO).

Missouri

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
AIDS Waiver	Department of Health and Senior Services (DHSS)	HIV Medical Case Management agencies (includes Nonprofit Community Based Organizations, Local Public Health Agencies, Universities, and Hospitals)	Personal Care Agency, Durable Medical Equipment Provider	No conflict of interest exists
Medically Fragile Adult Waiver	DHSS	DHSS	Personal Care Agency, Private Duty Nursing Agency, Durable Medical Equipment Provider	No conflict of interest exists
Aged & Disabled Waiver	DHSS	N/A	Contracted Waiver Service Provider	No conflict of interest exists
Independent Living Waiver	DHSS	Contracted Case Management Provider	Personal Care Attendant, Medical Supplier	No conflict of interest exists
Comprehensive Waiver Community Support Waiver Missouri Children with Developmental Disabilities Waiver Autism Waiver Partnership for Hope Waiver	Department of Mental Health (DMH)	SB40 Board; Contracted Not for Profit; Division of Developmental Disabilities (DD) Regional Offices	Personal Care Agency; Personal Attendant; DMH Certified Day Habilitation, ISL or Group Home Provider; Professional Counselor; Contracted Waiver Service Provider; Community Employment Provider; Electronic Communication Equipment and Monitoring Company; Medicaid State Plan personal care, respite, or homemaker services provider ; Behavior Consultant; Behavior Intervention Specialist; Transportation Agency; Therapists	SB-40 Board may be a service provider. Conflict of interest mitigation strategies are in place.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Personal Care - Adults	DHSS	N/A	Personal Care Agency	No conflict of interest exists
Personal Care - Children	DHSS	DHSS	Personal Care Agency	No conflict of interest exists
Private Duty Nursing	DHSS	DHSS	Home Health Agency; contracted Private Duty Nursing Agency	No conflict of interest exists
Adult Day Health Care	DHSS	N/A	Adult Day Health Care Provider	No conflict of interest exists
Home Health	Physician	N/A	Home Health Agency	No conflict of interest exists
Rehabilitation Services	Physician	Physician	Rehabilitation Centers	No conflict of interest exists
PACE	DHSS	Contracted PACE provider	PACE network providers	Managed Care concept. No conflict of interest exists
Comprehensive Community Support	DSS	DSS	Day Treatment Providers	No conflict of interest exists
Community Psychiatric Rehabilitation Services	Community Mental Health Centers	N/A	Community Mental Health Centers	No conflict of interest exists
Comprehensive Substance Treatment and Rehabilitation Services	Community Mental Health Centers and other DMH Contracted Providers	N/A	Community Mental Health Centers and other DMH Contracted Providers	No conflict of interest exists

Nevada

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Individuals with Mental Illness and Substance Abuse	Hewlett Packard	State staff	Medicaid providers	Conflict free
IID waiver	ADRCs	State staff	Medicaid providers	Conflict free
Frail Elderly Waiver	Hewlett Packard	State staff	Medicaid providers	Conflict free
WIN Waiver	Hewlett Packard	State staff	Medicaid providers	Conflict free

New Hampshire

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
<p>Bureau of Behavioral Health (BBH)</p> <p>Community Mental Health</p> <p>Rehab Option State Plan Service</p>	<p>Community Mental Health Centers (CMHC)</p>	<p>CMHC</p>	<p>CMHC</p>	<p>The intake assessment is done by a psychotherapist and not a case manager. The functional assessment is done by direct care staff and not the case manager. The case manager is restricted to “assessment, referral, linkage and monitoring” of non-CMHC services. The case manager’s role is to link the person to “other” necessary medical services.</p>
<p>Bureau of Elderly and Adult Services (BEAS)</p> <p>Choices for Independence (CFI) Waiver</p> <p>State Plan targeted Case Management (TCM) Service provided to participants in the CFI waiver for</p>	<p>RNs that have been trained by BEAS and are employed by various Medicaid-enrolled providers.</p>	<p>Licensed case management agencies enrolled in the NH Medicaid Program</p>	<p>CFI waiver services are provided by providers that are enrolled in the NH Medicaid Program, including the following: home health agencies, home care agencies, home delivered nutrition providers, licensed residential care homes, environmental adaptation providers, personal emergency response providers, pharmacies/medical supply providers, providers of Adult Family Care services, and nursing</p>	<p>Case Management services are available throughout the current BEAS long-term care services network for the elderly and adults with physical disabilities. Administrative rules have been adopted to require that services be provided by a case manager who is employed by an enrolled agency and who does not have a conflict of interest.</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
seniors and adults with physical disabilities			homes (respite care).	
Bureau of Developmental Services (BDS) DD waiver Acquired Brain Disorders (ABD) waiver In Home Supports (IHS) targeted case management under State Plan	Not available	Mostly through the Area Agencies (AAs); there are some being provided by a vendor agency or a contracted case manager (under consumer directed services, individuals and their families can contract with a person for their case management services).	AAs – Vendor/sub-contract agencies	

New Jersey

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
AIDS Community Care Assistance Program (ACCAP)	Division of Disability Services (DDS) staff (RN, SW) conducts initial assessment after referral submission; Office of Community Choice Options (OCCO) conducts nursing facility level of care (NF LOC)/Pre-Admission Screening (PAS)	One case management agency in each of 21 counties	Case management agencies; personal care assistant (PCA)/home health agency (HHA) providers if need exceeds state plan 40 hours; private duty nursing (PDN) if continuous complex nursing needs exist	Waiver participants on ACCAP will transition to Medicaid Managed Long Term Services and Supports (MLTSS) in July, 2014 under the authority of the Medicaid Comprehensive Waiver.
Community Resources for People with Disabilities/no PDN (CRPD)	DDS staff (RN, SW) conducts initial assessment after referral submission; OCCO conducts NF LOC/Pre-Admission Screening (PAS)	One case management agency in each of 21 counties	Case management agencies; PCA/HHA providers if need exceeds state plan 40 hours; vehicular and environmental modification vendors (non-traditional providers); personal emergency response systems (PERS) providers	Non-traditional providers are client choice after obtaining three service/price quotes; waiver requires state licensed vendors. Waiver participants on CRPD will transition to Medicaid Managed Long Term Services and Supports (MLTSS) in July, 2014 under the authority of the Medicaid Comprehensive Waiver.
Community Resources for People with Disabilities/PDN (CRPD)	DDS staff (RN, SW) conducts initial assessment after referral submission; OCCO conducts NF LOC/Pre-Admission Screening (PAS)	One case management agency in each of 21 counties	Case management agencies; PDN provider agencies	Waiver participants on CRPD will transition to Medicaid Managed Long Term Services and Supports (MLTSS) in July, 2014 under the authority of the Medicaid Comprehensive Waiver.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Traumatic Brain Injury Waiver (TBI)	DDS staff (RN, SW) conducts initial assessment after referral submission; OCCO conducts NF LOC/PAS	One case management agency in each of 21 counties	Case management agencies; Community Residential Service (CRS) providers; vehicular and environmental modification vendors (non-traditional providers) (for those who receive home-based services)	Non-traditional providers are client choice after obtaining three service/price quotes; waiver requires state licensed vendors. Waiver participants on TBI will transition to Medicaid Managed Long Term Services and Supports (MLTSS) in July, 2014 under the authority of the Medicaid Comprehensive Waiver.
Global Options (GO) for Long Term Care	NJ Department of Human Services (DHS), Division of Aging Services (DoAS), OCCO 3 Area Agencies on Aging (AAAs) have been authorized to conduct functional assessments PACE provider agencies have been authorized to conduct functional assessments	DoAS contracted agencies	The following are the approved types of agencies permitted to provide case management: <ul style="list-style-type: none"> • AAAs • County Welfare agency • Licensed certified home health agency • Accredited registered homemaker agency • Proprietary or not-for-Profit care management Centers for Independent Living 	The State has authorized 3 AAAs and 4 PACE provider agencies to conduct the functional assessments. The State, however, retains sole authority to approve or deny functional eligibility. If the State believes the assessment does not meet clinical eligibility, the State will go out and reassess the person's functional needs before denial can be issued. GO Waiver participants will transition to Medicaid Managed Long Term Services and Supports (MLTSS) in July, 2014 under the authority of the Medicaid Comprehensive Waiver.
Community Care	State Case Management Staff	State Case	Private agencies in a cost-	Case Managers must meet the

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Waiver (HCBS 1915)		Management Staff	reimbursement contract with Division of Developmental Disabilities (DDD).	requirement under the Federal definition of Qualified Intellectual Disabilities Professional (QIDP). The contracted agency provider, in most cases, writes the service plan.
Self-Directed Day Services, In-Home Supports- State Plan Services	Contracted Support Coordinators	Contracted Support Coordinators	Private agencies, fee for service, self-hires through fiscal intermediary	Support Coordinators develop the service plan and link individuals to service providers, state staff approves the plan and monitors the implementation.
Supports Program Comprehensive Waiver (TBA 2014)	New Jersey Institute of Technology (NJIT) DD Planning Institute Families (with the assistance from Intake staff if necessary) will complete the web-based Assessment tool.	Support Coordinators (DDD-qualified, fee for service, direct Medicaid providers)	Private Medicaid providers, fee for service	
Integrated Case Management Services (ICMS)	State Psychiatric Hospitals Private Psychiatric Hospitals Licensed/Community Mental Health Agencies Designated Psychiatric Screening Centers Affiliated Emergency Services (AES)	Division of Mental Health and Addiction Services (DMHAS) Contracted ICMS Programs.	Community Mental Health Agencies under contract with DMHAS to provide ICMS services.	DMHAS contracted ICMS providers must meet State approved admission criteria for consumer enrollment.
Projects for	Licensed/Community Mental	DMHAS	Community Mental Health	DMHAS contracted PATH

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Assistance in Transition from Homelessness (PATH)	Health Agencies	Contracted PATH Programs.	Agencies under contract with DMHAS provide PATH Services.	providers must meet State approved admission criteria for consumer enrollment.
Supportive Housing (SH)	Licensed/Community Mental Health Agencies	DMHAS Contracted Supportive Housing Programs	Community Mental Health Agencies under contract with DMHAS to provide SH services.	DMHAS contracted Supportive Housing providers must meet State approved admission criteria for consumer enrollment.
Justice Involved Services (Jail Re-Entry & Jail Diversion)	Correctional Medical Staff Court System Licensed/Community Mental Health Agencies	DMHAS Contracted Justice Involved Service Providers	Community Mental Health Agencies under contract with DMHAS to provide Justice Involved Services.	DMHAS contracted Justice Involved Service providers must meet State approved admission criteria for consumer enrollment.
Intensive Family Support Services (IFSS)	Licensed/Community Mental Health Agencies DMHAS National Alliance on Mental Illness (NAMI)	DMHAS contracted Intensive Family Support Providers	Community Mental Health Agencies under contract to provide IFSS.	DMHAS contracted IFSS providers must meet State approved admission criteria for family enrollment.
Medication Assisted Treatment Initiative (MATI)	Licensed Substance Abuse Treatment Agencies	DMHAS Contracted MATI Providers	Licensed Substance Abuse Treatment Agencies	DMHAS contracted MATI providers must meet State approved admission eligibility criteria for consumer enrollment.
HIV Early Intervention Services (EIS) Case	Licensed Substance Abuse Treatment Agencies	DMHAS Contracted Opioid Treatment	Licensed Substance Abuse Treatment Agencies	DMHAS contracted Opioid Treatment Providers must meet specific HIV counseling education requirements set forth by the

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Management		Providers		Department of Health (DOH).
Co-Occurring Network	Licensed Substance Abuse Treatment Agencies	DMHAS Licensed Substance Abuse Treatment Providers	Licensed Substance Abuse Treatment Agencies	DMHAS licensed substance abuse treatment providers must meet specific co-occurring capable criteria to be accepted into the fee for service network
Comprehensive Medicaid 1115 Research and Demonstration waiver	NJ DHS, DoAS, OCCO – the State has sole authority to authorize Nursing Home Level of Care for Managed Long Term Services and Supports (MLTSS) Managed Care Organizations	DMHAS contracts with managed care organizations	Managed care organizations	<p>Beginning July 1, 2014, the State will transition to Medicaid MLTSS under the authority of the Comprehensive Medicaid 1115 Research and Demonstration Waiver. This Waiver consolidates Medicaid HCBS waivers under the Divisions of Aging Services and Disability Services, and expands the target population to include individuals with MI who meet nursing home care.</p> <p>The State, however, retains sole authority to approve or deny functional eligibility. If the State believes the assessment does not meet clinical eligibility, the State will go out and reassess the person’s functional needs before denial can be issued to conduct the functional assessments.</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				PACE will continue to serve as another option with the transition to MLTSS.

New York

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Department of Health (DOH)				
Managed Long Term Care (MLTC)	MLTC plans and MLTC contracted vendors	MLTC plans	Certified Home Health Care Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Licensed Home Care Services Agencies (LHCSAs) and others	
Long Term Home Health Care Program (LTHHCP)	Registered Nurse (RN) from the LTHHCP and representative from the Local Department of Social Services (LDSS); Hospital Discharge Planner	LTHHCP	CHHA, Nursing Home, or Hospital with NYS DOH certification to provide a LTHHCP	
Traumatic Brain Injury (TBI) Waiver	RN; Regional Resource Development Center (RRDC) representative	New York State Department of Health (NYS DOH) contracted vendors	Approved providers include LHCSAs, RNs, Certified Rehabilitation Counselors, Physical/Occupational Therapists, Master Social Workers (MSWs) and Masters in Counseling	
Nursing Home Transition and Diversion (NHTD) Waiver	RN; Residential Health Care Facility (RHCF)	Waiver Provider for Service Coordination	Service providers vary, depending on the service delivered, e.g., Assistive Technology, Environmental Modifications (E-Mods) and Home Delivered Meals	Assessment infrastructure is identical to the TBI waiver.
Care at Home Waivers I & II	LDSS, NYC Human Resource Administration (HRA), Care at Home (CAH) Coordinator, Assessing Agency, Case Managers	NYS DOH contracted service coordination entity	LTHHCP, Community Alternatives Systems Agency (CASA), LDSS, Developmental Disabilities Services Office (DDSO), Approved Professional Case Management Agencies, Parent or Guardian, RNs	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Assisted Living Program (ALP)	ALP conducts initial and functional assessment or contracts with CHHA for functional Assessment.	ALP/LDSS	ALP, CHHA or LTHHCP	
Adult Day Health Care Program (ADHCP)	Physician recommendation needed for admission; ADHCP staff (nurse and/or social worker) conducts preadmission assessment with reassessments required at least every 6 months.	ADHCP staff, waiver staff	Primarily nursing homes operate ADHCPs, but a diagnostic and treatment center may also operate an ADHCP.	
Personal Care Services Program (PCSP)	LDSS once physician orders are received, nursing and social assessment is completed.	LDSS	CHHA, LHCSA	
Consumer Directed Personal Assistance Program (CDPAP)	LDSS	LDSS	CHHA, LHCSA (fiscal intermediary)	Consumer hires and manages his/her own attendant.
Office for People with Developmental Disabilities (OPWDD)				
OPWDD (all programs serving children and adults)	Providers of service	The Developmental Disabilities Individual Support and Care Coordination Organization (DISCO) is ultimately responsible for case management. The DISCO may contract out for certain case management functions. Note: if a DISCO chooses to contract with an entity for case management	Voluntary providers who meet criteria specified in the 1915(c) waiver for long term care supports and services. In managed care, the provider network capacity requirements will be defined in the Request for Applications (RFA) and reviewed by OPWDD as part of the readiness review and ongoing quality review and oversight process.	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
		functions, the entity must either NOT participate as a network provider OR have appropriate firewalls between its CM and service provision functions.		
Office for Mental Health (OMH)				
OMH Children's Waiver	Single Point Of Access/Local Governmental Unit (SPOA/LGU) and lead Waiver provider, however SPOA/ LGU approve eligibility.	HCBS waiver lead agency	Private, voluntary agencies	
OMH Children (fee for service – ICM (Intensive Case Management), SCM (Supportive Case Management), and BCM (Blended Case Management))	The Child and Adolescent Needs and Strengths-NY (CANS-NY) is completed by the SPOA/LGU and by the case management provider.	ICM, SCM, and BCM providers	Private, voluntary agencies, county operated programs, and State OMH items	
OMH Children (fee for service) Day Treatment	Committees on Special Education (CSE) within each School District, with education/treatment team input	Not applicable	State-Operated, not -for-profits, County and Article 28s	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
OMH Children (fee for service) – Residential Treatment Center (RTF)	RTF	RTF is a subclass of inpatient services, therefore billing is by an all-inclusive daily rate. All services are provided within the RTF structure; therefore, the RTF manages services while the child is within the RTF.	Voluntary not-for-profits	
OMH Children (fee for service) – Seriously Emotionally Disturbance (SED) Clinic	Open referral process. Various assessment tools undertaken upon intake	Varies dependent on need	State-operated, not-for-profits, County government, Article28s	
OMH Adults	Independent Entity to be determined	Health Home and Managed Care Organization (MCO)	State Plan, Mainstream Plans, Health, and Recovery Plan (HARP) Networks	
Office of Alcoholism and Substance Abuse Services (OASAS) Adolescents and Adults	Independent entity to be determined	Health Home and MCO	State Plan, Mainstream Plans, and HARP Networks	

Ohio

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Ohio Department of Mental Health and Addiction Services Community Psychiatric Support Treatments (CPST) Rehabilitation Option under State Plan	Certified mental health (MH) providers perform clinical evaluations that include elements of functional assessments.	Certified MH provider	Certified MH provider Providers of CPST services typically are also providers of other treatment services.	CPST is a broadly defined supportive clinical service that includes case management activities (i.e. needs assessment, care planning, monitoring of care plans) along with treatment activities. Providers of CPST services typically are also providers of other treatment services.
Ohio Department of Mental Health and Addiction Services Alcohol and other Drug (AOD) Case Management provided through Targeted Case Management (TCM)	Certified AOD providers perform clinical evaluations that include elements of functional assessments.	Certified AOD provider	Certified AOD provider Providers of AOD Case Management Services are typically also providers of other treatment services.	AOD Case Management includes needs assessment, care planning, and monitoring of care plans.
PASSPORT-1915(c) waiver Case Management provided as an administrative activity Administered by the	Regional PASSPORT Administrative Agencies (PAAs)	Regional PAAs	Direct Service providers are under contract with PAAs and certified as Medicaid providers. PAAs are not direct service	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Ohio Department of Aging			providers of waiver services.	
<p>Choices-1915(c) waiver</p> <p>Case Management provided as an administrative activity</p> <p>Administered by the Ohio Department of Aging</p>	Regional PASSPORT Administrative Agencies (PAAs)	Regional PAAs	<p>Direct Service providers are under contract with PAAs and certified as Medicaid providers.</p> <p>Additionally individuals have direct contractual relationships with the providers for whom they are the employer of record.</p> <p>PAAs are not direct service providers of waiver services.</p>	
<p>Assisted Living-1915(c) waiver</p> <p>Case Management provided as an administrative activity</p> <p>Administered by the Ohio Department of Aging</p>	Regional PASSPORT Administrative Agencies (PAAs)	Regional PAAs	<p>Direct Service providers are under contract with AAAs and certified as Medicaid providers.</p> <p>PAAs are not direct service providers of waiver services.</p>	
<p>Individual Options Waiver -1915(c) waiver</p> <p>Case Management provided through TCM</p>	<p>County Boards of Developmental Disabilities (DD)</p> <p>Level of care determinations are made by the Ohio Department</p>	County Boards of DD	<p>Enrolled HCBS Providers with an approved Ohio Medicaid Agreement and certified by the Ohio Department of Developmental Disabilities</p> <p>County Boards of DD are in</p>	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
	of Developmental Disabilities.		some circumstances approved/certified HCBS providers.	
Level One Waiver-1915(c) waiver Case Management provided through TCM	County Boards of DD Level of care determinations are made by the Ohio Department of Developmental Disabilities.	County Boards of DD	Enrolled HCBS Providers with an approved Ohio Medicaid Agreement and certified by the Ohio Department of Developmental Disabilities County Boards of DD are in some circumstances approved/certified HCBS providers.	
SelfWaiver-1915(c) waiver Case Management provided through TCM	County Boards of DD Level of care determinations are made by the Ohio Department of Developmental Disabilities.	County Boards of DD	Enrolled HCBS Providers with an approved Ohio Medicaid Agreement and certified by the Ohio Department of Developmental Disabilities County Boards of DD are in some circumstances approved/certified HCBS providers.	
Transitions DD Waivers	Care Star –contracted case management agency Level of care determinations are made for new enrollees by the Ohio Department of Developmental	County Boards of DD	Enrolled TDD Waiver Providers with current Ohio Medicaid Agreement and certified by Ohio Department of Developmental Disabilities	LOC determinations are completed by CareStar; county boards are responsible to assure service plan development and implementation; DODD is responsible to authorize services.

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
	Disabilities.			
Case Management provided through TCM	County Boards of DD	County Boards of DD	Providers are Certified by Ohio Department of Developmental Disabilities	<p>Case Management is provided to non-waiver individuals enrolled on Medicaid at their request.</p> <p>Locally funded services may be available and vary throughout the state and could include: personal care, respite, adult day services, employment support and transportation.</p>
Ohio Home Care Waiver-1915(c) waiver Case Management provided as an administrative activity	CareStar and CareSource-contracted case management agencies	CareStar and CareSource-contracted case management agencies	<p>Enrolled HCBS Providers with an approved Ohio Medicaid Agreement</p> <p>Contracted case management agencies do not provide any direct waiver services.</p>	
Transitions Carve-Out-1915(c) Waiver Case Management provided as an administrative activity	CareStar and CareSource-contracted case management agencies	CareStar and CareSource-contracted case management agencies	<p>Enrolled HCBS Providers with an approved Ohio Medicaid Agreement</p> <p>Contracted case management agencies do not provide any direct waiver services.</p>	
Medicaid Managed Care-Care Management	MCOs	MCOs	MCOs are not direct service providers. They contract with providers approved by the Ohio Department of Medicaid.	<p>MCOs provide care management to individuals with complex needs.</p> <p>Care management components include: identification strategies,</p>

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				assessments, care plans, accountable care manager, care management teams, interaction, and engagement with the individual.

Pennsylvania

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Aging Waiver	Area Agencies on Aging (AAAs)	Service Coordination Entities (SCEs)	Independent service providers	Financial eligibility determination is determined by the County Assistance Office (CAO).
Attendant Care, Independence, COMMCARE, OBRA Waivers	AAAs	SCEs	Independent service providers	Financial eligibility determination is determined by CAO.
Consolidated and Person/Family-Directed Support	Contracted Independent Service Provider	Support Coordination Agencies	Independent service providers	Financial eligibility determination is determined by CAO.
Adult Autism Waiver (AAW) and Adult Community Autism Program (ACAP)	DHS's Bureau of Autism Services (BAS)	Supports Coordination Agency for AAW Managed Care Organization (MCO) for ACAP	Independent service providers for AAW Independent service providers within the MCO network for ACAP	Financial eligibility determination is determined by CAO for both AAW and ACAP.
HealthChoices	MH/ID or Independent Service Providers within the MCO network	MH/ID Offices or Independent service providers within the MCO network	MH/ID Offices or Independent service providers within the MCO network	Healthchoices only provides Care Management, which approves/authorizes services, reviews care plans, and often determines if services are medically necessary. Financial eligibility determination is

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
				determined by the CAO.

Texas

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Community Attendant Services (CAS)	Department of Aging and Disability Services (DADS)	DADS	Home health agency	
Community Based Alternatives (CBS)	Home health agency completes assessment, Medicaid claims administrator makes final determination	DADS	Home health agency	DADS has final approval on program enrollment and level of service.
Community Living Assistance and Support Services (CLASS)	Home health agency completes assessment, DADS authorizes	Contracted case management agency	Home health agency	DADS has final approval on program enrollment and level of service.
Community Mental Health Services	Local Mental Health Authorities (LMHA)	LMHA	Provider agency; LMHA and Department of State Health Services (DSHS) is unable to contract	
Deaf/Blind Multiple	Provider agency (home health agency or assisted living facility)	Provider agency	Provider agency	DADS has final approval on program enrollment and level of service.
Home and Community-based Services and Texas Home Living	LMHA	LMHA	Provider agency (some LMHA are also provider agencies)	DADS has final approval on program enrollment and level of service.
Medically Dependent Children Program	DADS, Medicaid claims administrator makes final determination	DADS	Home health agency or DADS contracted provider	
Primary Home Care	DADS	DADS	Home health agency	

Waiver/State Plan Program	Entity that conducts functional assessments	Entity that provides case management	Service provider types	Comments
Program for All-Inclusive Care for the Elderly (PACE)	PACE organization completes assessment, Medicaid claims administrator makes final determination	PACE organization	PACE organization or contracted entity	
Personal Care Services	DSHS	DSHS	Home health agency	DADS has final approval on service plans.
STAR-PLUS	MCO completes assessment; Medicaid claims administrator makes final determination			
Substance Use Disorder Services	Licensed chemical dependency treatment program	Licensed chemical dependency treatment program	Licensed chemical dependency treatment program	
Youth Empowerment Services (YES) Waiver	DSHS	LMHA	LMHA/other provider	DSHS had final approval on service plans.