

Intellectual/Developmental Disabilities Waiver (IDDW) Update

Moving Forward on July 1, 2020

With the 2020 Intellectual Developmental Disabilities Waiver (IDDW) renewal, Waiver participants will receive case management, currently known as service coordination, from one agency and all direct services from one or more different agencies.

What does this mean for you?

- There will be no interruption in the participant's services.
- Participants will continue to have a choice of case management agency.
- Participants will continue to have a choice of direct services providers
- Participant services will need to be provided by separate agencies.
- Participant services will still be determined with a Person-Centered Planning process.

The West Virginia Department of Health and Human Resources' Bureau for Medical Services (BMS) has initiated an IDDW Stakeholder Group. This group is currently meeting monthly in order to seek input from primary stakeholders in the evaluation of the current infrastructure to identify existing policies and procedures that are the building blocks for a quality CFCM system and to establish ongoing monitoring of performance measures.

We value your input!

For additional information please visit our website (<https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CFCM/Pages/default.aspx>) or contact Liz Bragg at Elizabeth.L.Bragg@wv.gov or **304-356-4856**.

Conflict-Free Case Management (CFCM)

Case Managers (currently Service Coordinators) are an integral part of communities advocating with families, elders and persons with disabilities. Beginning July 1, 2020, service coordinators will be called case managers .

The Centers for Medicare and Medicaid Services (CMS) highlights three potential areas for conflict of interest to exist in case management if the case manager is not independent of the direct services agency:

Assessment: The case manager may have an incentive to assess for more or fewer services than the individual needs.

Financial interest: The case manager may be interested in a service plan that retains the individual as a person for their agency rather than one that assists with independence. The case manager may not suggest outside providers due to concerns over lost revenue.

Convenience: The case manager or service provider may develop a service plan that is convenient or cost-efficient for the provider agency instead of a plan that is person-centered.

These above noted areas highlight why case management and direct service provision must be separated .