

# AGED AND DISABLED WAIVER

## AGENCY DIRECTOR CONFLICT-FREE CASE MANAGEMENT ATTESTATION

Center for Medicare and Medicaid (CMS), under 42 CFR 431.301(c)(1)(vi), requires states to operate Conflict-Free Case Management.

Attestation/Conflict of Interest Exception Application for Home and Community-Based Waiver Services by agency owner/administrator of the following:

- The agency has administrative separation of supervision of Case Management and Personal Attendant services.
- The attached organization chart shows two separate supervisors, one for Case Management and one for Personal Attendant services and/or demonstrates separation of these services.
- Case Management members are offered choice for Personal Attendant services between and among available service providers.
- Case Management members are not limited to Personal Attendant services provided only by this agency.
- Case Management members are given conflict-free choice of Case Managers in accordance with the agency's business structure.
- Disputes between Case Management and Personal Attendant service units are resolved.
- Members are free to choose or deny Personal Attendant services without influence from the internal agency Case Manager and Personal Attendant service staff.
- Members choose how, when, and where to receive their approved Personal Attendant services, in accordance with CMS Settings Rule guidelines.
- Members are free to communicate grievance(s) regarding Case Management and/or Personal Attendant services delivered by the agency.
- The grievance/complaint procedure is clear and understood by members and legal representatives, if applicable.
- Grievances/complaints are resolved in a timely manner.

**Definition:** Individuals or entities providing Case Management Services (those who develop a person-centered Service Plan) cannot be:

- Related by blood or marriage to the individual or a paid caregiver.
- Financially responsible for the individual.
- Empowered to make health-related decisions.
- Individuals who would benefit financially from service provision
- Providers of State Plan Home and Community-Based Services.

I understand that failure to comply with Conflict-Free Case Management requirements may result in adverse action.

**CFCM Agency Name:** \_\_\_\_\_

**CFCM Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



May 1, 2023