

Conflict Free Case Management Frequently Asked Questions

10.

Question:

It is the recommendation of the ADW and TBIW stakeholder groups that the 8 contiguous counties requirement be dropped for Conflict Free Case Management agencies. Can this requirement be dropped and if so under what circumstances?

Response:

If a CFCM agency needs to provide services outside their catchment area, the agency will be able to apply for a geographical exception to the 8 contiguous counties requirement.

11.

Question:

Can a CFCM agency provider also provide State Plan Personal Care services?

Response:

Yes however, if the CFCM agency (who is currently a State Plan Personal Care Services Provider) is currently providing CM to a waiver member, and that member requests they provide State Plan PC Services for them, it will have to be looked at on a case by case basis. For example, are there other agencies available to provide the State Plan PC services? If there are not any other agencies, then there may exist a need for an exemption request.

If any agency is not currently a State Plan PC provider, they would need to contact the Health Care Authority to apply to become a State Plan PC Services Agency. State Plan PC providers must obtain a Certificate of Need (CON) to provide these services.

The telephone number for the Health Care Authority is 1-888-558-7002.

12.

Question:

Is there a non-waiver mechanism for funding the “Pre-Case Management” services to assist with the financial eligibility part of the waiver application process that is provided by a Case Management agency?

Response:

If the member has Medicaid, a potential non-waiver funding mechanism is Targeted Case Management if the member qualifies. The requirements for this service are contained in Chapter 523: <https://dhhr.wv.gov/bms/Pages/Chapter-523-Targeted-Case-Management.aspx>.

Take Me Home WV is also another source of funding that could potentially assist with “Pre-Case Management” services cost for people who have been living in a nursing home and either Sharpe or Bateman Hospital for at least 90 days and are eligible for the TMH program through the ADW or TBIW. For more information, go to: <https://dhhr.wv.gov/bms/Programs/Takemehome/Pages/default.aspx>

A Case Management agency is not permitted to refer to any agency they have share a financial interest with.

13.

Question:

Will CFCM providers be permitted to serve as Representative Payees?

Response:

No. The CFCM agency is not permitted to serve as Representative Payee. The case management agency can assist with securing other alternatives for representative payee agencies such as Criss Cross, Catholic Charities etc.

The only service paid or unpaid the chosen CFCM agency can provide for the member is case management.

14.

Question:

Will a CON (Certificate of Need) be required for new CFCM agencies?

Response:

Not if they are providing CFCM only. If the CFCM agency wants to provide any other waiver services to individuals they are not providing CFCM services to, then they must apply for a CON.

15.

Question:

For agencies that provide Behavioral Health Services in addition to CFCM, will OHFLAC also review CM services?

Response:

Yes. (NOTE: This applies almost to IDWW services and not ADW or TBIW)