

# Newly proposed Conflict-free Case Management Model

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## Background on the transition to Conflict-Free Case Management

As required in the Senate Enrolled Act 82, 2013, the Behavioral Health Division (Division) must transition the current case management system to a conflict-free case management system. In evaluating all of the options for making this change and with stakeholder involvement, **the Division has decided to keep case management in the waiver but move to conflict of interest free requirements starting July 1, 2014 and reaching full implementation by June 30, 2015.**

The Division will amend the Supports and Comprehensive Waivers to change the case management service to a conflict-free model during year two of the new waivers. The Division will allow participants, guardians and case managers to make decisions or adjustments, as necessary, during a one-year transition period. The waiver will identify the new provider qualifications for a provider agency to become certified to offer the case management service. The Division will also change current regulations to prohibit any conflicts of interest and ensure choice of case manager and provider by participants.

**Timeline:** The Division plans a start date of July 1, 2014 to allow participants to choose case managers from the conflict-free list of case managers available in their area. Transitions will be completed by June 30, 2015. For any gaps in case management services that a participant may experience due to a case manager or provider going out of business or giving termination notice, the Division will provide case management services to those individuals until a case management entity is chosen.

## CASE MANAGEMENT AGENCY QUALIFICATIONS

**Services.** An agency may provide:

- ✓ Case management services, including Family Care Coordination, on any of the home and community based waivers for which they are certified in the state.
- ✓ Independent Support Brokerage services on the DD waivers or ABI waiver, as long as the services are not provided to a participant who receives case management at the same agency.

**Qualifications.** An agency who wants certified to provide case management services is required to:

- ✓ Submit, on a form specified by the Division, an application to become certified. If a provider is already certified as a case management agency, they would have to complete a form to comply with the new requirements and continue as a certified agency.
- ✓ Be enrolled as active Medicaid provider.
- ✓ Employ at least two (2) qualified case managers as employees under the control of the organization
- ✓ Have policies and procedures for backup case management for each person's caseload. If no one in the agency is available due to a case manager leaving employment, then the agency must actively look to fill the position within ninety (90) days and work with the Division on its action plan to meet all of the participants' needs in the interim. The Division may intervene if there are concerns with filling the position within the timeframe.
- ✓ Have each case manager obtain proof of competency demonstrated through successful completion of the Division-approved case management training curriculum initially and annually.
- ✓ Ensure that criminal background checks are conducted for every employee/partner hired or associated with the certified case management agency including monthly checks of each employee on the Office of Inspector General website. *Background checks may be transferred to the new agency if written and notarized permission is given by the person – pending final decision.*
- ✓ Meet education, experience, and training qualifications and exclusions as specified.
- ✓ Ensure ongoing compliance with applicable Medicaid Rules, Waiver Provider Manual, Division policies, bulletins and/or guidance.

# Proposed Conflict-Free Case Management Model

## RATE, UNITS AND BILLING REQUIREMENTS

### Proposed Rate and Units

- ✓ The proposed rate is \$8.75 per 15-minute unit which equates to \$35.00 per hour of billable time. (see section on page 5 regarding how the rate was built based on the past rate methodology).
- ✓ The number of units on a plan may range from 48 units per year to 384 units, depending on the needs of the participant.
  - In cases of extraordinary need for case management, the Extraordinary Care Committee (ECC) may authorize a temporary increase above 384 units.
- ✓ Case managers may use units based on the need of the participant or guardian up to the approved amount.
- ✓ At least one (1) 15-minute unit per month will be required for all participants, so the case manager can keep in contact with the participant through a call or a personal visit to ensure the participant is satisfied with services and has no unmet needs or concerns.

### Home Visit Requirements

- ✓ Monthly home visits are only required for a participant who receives any type of residential services, including residential habilitation, special family habilitation home, and supported living. The visit must be done in the home with the participant present.
- ✓ Quarterly home visits are required to non-residential participants and must be done in the home with the participant present.
- ✓ The case manager may complete additional home visits for times of crisis or other times when a participant might request or need more frequent home visits.

### Billable Time

Services that are billed within the units approved on the plan must have documentation to support the service provided. Billable time includes:

- |                                 |                                |                                  |
|---------------------------------|--------------------------------|----------------------------------|
| ✓ Plan Development              | ✓ Face to Face Meeting with    | ✓ Completing Monthly             |
| ✓ Plan Monitoring/Follow-up     | Participants, Guardian, Family | responsibilities,                |
| (Includes documentation review) | ✓ Advocacy and Referral        | ✓ Quarterly service observations |
| ✓ Service Observation           | ✓ Crisis Intervention          | and interviews, Division         |
| ✓ Home Visit                    | ✓ Coordination of Natural      | quarterly reports and other      |
| ✓ Team Meetings                 | Supports                       | reports as required by the       |
| ✓ Participant Specific Training | ✓ Providing and Discussing     | Division within the specified    |
|                                 | Choice                         | timeframe                        |

*NOTE:* Time spent with the Participant or guardian for social reasons are not considered billable time. Incidental contact and social exchanges are part of conducting and building a business and offering customer service, and are not considered a case management service by the Centers for Medicaid and Medicare Services (CMS). Travel time is a part of the rate for the service and is not a billable service.

## CASE MANAGER QUALIFICATIONS

### A case manager must:

- ✓ Submit, on a form specified by the Division, an application to become certified
- ✓ Keep current CPR and First Aid Certification
- ✓ Have clean background checks on file
- ✓ Meet educational and work experience requirements as specified by the Division
- ✓ Meet training requirements as specified by the Division:
  - Upon one month of hire, the case manager must complete all Division training modules and receive a passing grade of 85% or higher. Individuals may re-take modules until a passing grade is achieved, then a certificate of completion will be provided. The agency will keep copies of certificates in personnel files.
  - Eight (8) hours of annual training in areas specified by the Division will be required each year to re-certify. Individuals must keep certificates or confirmation of attendance and provide a copy for the agency for personnel files.

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## Items not required:

- ✓ Case management agencies will not need to be Commission on Accreditation of Rehabilitation Facilities (CARF).
- ✓ Liability insurance or other organizational insurance needs will not be specified by the Division. Each organization is encouraged to seek legal advice on any insurance decisions.

## Dual Employment

- ✓ During the transition period of employment with a new case management agency, case managers may have their National Provider Identifier (NPI) number linked to both the new agency and the old employer in order to transition participants onto his/her caseload. This transition period shall be no longer than three (3) months.
- ✓ A case manager may be linked to two (2) conflict-free case management agencies in different counties as long as their employment does not cause a conflict with participants served in either agency.

## Education and experience requirements

### Current case managers

Prior to July 1, 2015, current certified waiver case managers may be employed by a case management agency as long as the following qualifications/criteria are met. **The case manager must have:**

- An Associate's degree from an accredited college or university and four (4) years of work experience in a human services field; *or*
- A minimum of 60 credit hours from an accredited college or university with a minimum of completed coursework of 24 semester hours or 36 quarter hours in one or a combination of human service field specialties as identified below in the next section, plus four (4) years of work experience in a human services field.

**Verification.** The case manager must submit official college transcripts and include a professional contact who can confirm work experience.

**If standards are not met.** If a case manager cannot meet the minimum qualifications, the case manager must:

- Submit to the Division his/her official college transcripts;
- A letter describing years of full time experience;
- The name of a professional contact who can confirm work experience.
- The case manager must show proof of enrollment in college coursework to fulfill the requirements within two (2) years of hire. All educational requirements shall be fulfilled within 24 months of hire.
- The Division will make final approval decisions from the information provided on an individual basis.

### Future case managers (not currently certified)

As of July 1, 2014 when case management agencies must become conflict of interest free, individuals must meet the following qualifications. **The individual must have:**

- A Bachelor's degree in one (1) of the following related fields from an accredited college or university and one (1) year work experience in one (1) of the following human services fields:

a) Counseling	e) Nursing	i) Sociology, or
b) Education ( <i>will allow a school year instead of calendar year</i> )	f) Psychology	j) A related degree, as approved by the Division
c) Gerontology	g) Rehabilitation	
d) Human Services	h) Social Work	

*or*

- A Master's degree from an accredited college or university in one of the related fields listed above, *or*
- An Associate's degree in a related field as described above and four (4) years of work experience in a human services field.

**Verification.** Along with a case manager application, the individual must submit official college transcripts and include a professional contact who can confirm work experience.

# Proposed Conflict-Free Case Management Model

## Definitions for the purposes of Conflict-Free Case Management policy:

**Conflict of interest** includes a situation in which a person has a duty to more than one person or organization, but cannot do justice to the actual or potentially adverse interests of both parties. Retrieved from <http://dictionary.law.com/Default.aspx?selected=292>

**Organizational Leader** includes the owners, officers, administrative managers, members, partners or case managers at an agency.

**Relative** includes any biological or adoptive parent, stepparent, son, daughter, sibling, aunt, uncle, niece, nephew, grandparent, grandchild, first cousin, in-law, or step-family member.

## How do you know if there is a conflict of interest?

Situations include, but are not limited to, the following:

- ✓ If I or my family can financially benefit from other services the participant receives
- ✓ If my agency can financially benefit from other services the participant receives
- ✓ If a participant's chosen provider may influence my ability to advocate or intervene in my role as a case manager because I am related to or employed by them
- ✓ If the participant and his/her family may influence my ability to advocate or intervene in my role as a case manager because I am related to or employed by them

**If any of the above applies to a participant on your caseload, then you have a conflict of interest in providing case management to that participant.**

## Formal Exclusions

**In order for a case manager to have the authority to develop, implement, and monitor plans of care in the best interests of the participant, the case manager must not have a conflict of interest. To address conflicts of interest, the Division is implementing the following exclusions for the case management agencies starting July 1, 2014.**

1. An organizational leader at a case management agency may not own, operate, be employed by, or have a financial interest or financial relationship in any entity listed in Title 17 of Wyoming Statutes, if the interest would meet the definition of conflict of interest.
2. The case management agency may not be a certified provider of any other waiver service beyond case management or independent support brokerage.
3. The case management agency may not serve any participant that receives waiver services from a waiver provider with any of its organizational leader related by blood or marriage to an organizational leader of the case management agency.
4. An organizational leader of the case management agency may not:
  - a) Be a relative to the participant, the participant's guardian, and/or a legal representative
  - b) Be employed by the same case management agency from which his/her child or relative receives case management services;
  - c) Be financially responsible for a participant, who is receiving services from that agency, including but not limited to a guardian, representative payee, power of attorney, or other defined by the Division;
  - d) Be authorized to make financial or health-related decisions on behalf of the participant;
  - e) Work in and/or lease a space in a facility owned or operated by a provider of other waiver services;
  - f) Live in the same residence as the participant in which they provide case management services, nor live in the same residence of any provider on a participant's plan in which they provide case management services;
  - g) Work for an agency that has a current contract with the Behavioral Health Division; or
  - h) Be an approved provider or employee hired through self-directed services.

# Proposed Conflict-Free Case Management Model

## How was the current monthly rate figured?

In 2008, Navigant Consulting conducted a cost study on Case management and other services. In reviewing the information submitted by providers on case management costs, time, materials and responsibilities. Information submitted by case managers stated that 4-8 hours a month are spent on average to provide services to each participant, with some months requiring more hours than others. The monthly rate was not based on two (2) hours of service a month for over \$130 an hour. The rate was based on the maximum hours from the average that may be spent on a participant, and CMS required a minimum hours of service requirement in order to bill for such a large monthly rate. The minimum of 2 hours was established from a previous stakeholder work group. The consultants also compared wages paid to case managers and wages for similar positions within Department of Labor information available. The wages for 8 hours of work at the monthly unit was comparable for a position that was unlicensed.

## How was the proposed rate figured?

Advice received in the past year during the redesign from national consultants led BHD to re-evaluate our payment for case management services due to some people who tend to need more case management services than others and the importance of structuring a rate to pay case managers based upon a fluctuating need by participants.

To determine the current rate, BHD used the information and methodology developed by Navigant, figured in past rate cuts, and added additional money to the rates for new training requirements and job responsibilities (on top of the training costs figured in). We used the information from the cost study, since we had information on the amount of time case managers spent working with participants. The proposed rate offers approximately the same reimbursement as the current rate, if the full 8 hours of service are delivered. The efficiency is that the state is only paying for the service provided. If a case manager provides 8 hours of service a month, over the year, the wages would be approximately the same as they are today. Billable services include reviewing provider documentation and objective progress summaries.

## Proposed Rate Factors

\$16.61	= Direct Care Hourly Wage Rate (2008)
8	X Expected hours per case per month
1.15	X FTE (Includes 40 days for vacation, sick, holiday, and annual training)
1.2849	X Benefits factor
1.000	X Travel Time factor
= \$196.35	= Direct care cost per unit per month
\$40.23	+ Administrative Costs
\$42.59	+ Program Support
\$3.73	+ Non-Program Contracted Services
=\$282.90	= Estimated Service Cost per unit per month
=\$268.86	= Rate reductions (4% and 1%)
=\$33.61	= Hourly (based on 8 hours of service
=\$8.45	= 15 minute unit + additional training costs

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## Why is the rate not higher like in other waivers or some other states?

Other waivers in Wyoming pay less for case management and require licensed personnel, with the exception of Family Care Coordination. Family Care Coordination is more of a short term service, which was initially considered a provider shortage area, and the position requires more training, certification, and crisis management which are some of the reasons why the rate is higher. Many Case managers in the nation require a licensed social worker or registered nurse to provide the service, when we have tried to raise the education standard to a Bachelor's in Wyoming, the resistance was large enough for us to consider Associate's degrees in order to retain our current work force.

### Rate Comparisons:

State	Unit	Rate	Annualized Amount
Arkansas	Month	\$ 117.70	\$ 1,412.40
Florida	Month	\$ 130.95	\$ 1,571.40
Georgia	Month	\$ 149.88	\$ 1,798.56
Indiana	Month	\$ 125.00	\$ 1,500.00
Kentucky	Month	\$ 376.06	\$ 4,512.72
New Mexico	Month	\$ 249.91	\$ 2,998.92
North Carolina	Month	\$ 115.44	\$ 1,385.28
Tennessee	Month	\$ 231.00	\$ 2,772.00
Texas	Month	\$ 202.00	\$ 2,424.00
Utah	Month	\$ 198.00	\$ 2,376.00

proposed

Wyoming	Quarter Hour	\$ 8.75	\$ 3,045.00
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## Why isn't the rate similar to support brokerage or other services with a higher 15 minute rate?

Support brokerage is a limited service with more 1:1 training with participants and families required and the service usually faded out over time. For services that are very limited with intensive training requirements, the rate is commiserate with the service provided, such as individual habilitation training and support brokerage. Case management is a steady service that is not phased out and does not require as much of the 1:1 training and hands on work that the other services provide.