Alliance Health

Provider Practice Transformation Academy

Conflict-Free Care Management

What is it?

In 2014 the Centers for Medicare and Medicaid Services (CMS) published the Home and Community Based Services (HCBS) final rule, which supports enhanced quality in HCBS programs, and adds protections for individuals receiving services.

As part of this rule, CMS established requirements for conflict-free case management for Medicaid beneficiaries obtaining HCBS, generally requiring that case management activities, including the assessment and coordination of services, be independent from the delivery of HCBS services.

Why is it helpful/how can it help?

In Behavioral Health I/DD Tailored Plans, federal conflict-free case management regulations apply to Medicaid members who are enrolled in the 1915(c) Home and Community-Based Services (Innovations) and Traumatic Brain Injury (TBI) waivers or who are obtaining HCBS currently authorized under the State's 1915(b)(3) waiver, which the department intends to transition to 1915(i) authority for Tailored Plan launch in April 2023.

To comply with federal conflict-free case management rules when making Tailored Care Management assignments, Tailored Plans will only be permitted to assign members using qualifying HCBS (community living and support, individual and transitional support, respite and supported employment) for I/DD and MH/SUD members to:

A. a CMA that is not the member's HCBS provider

B. an AMH+, or

C. a Behavioral Health I/DD Tailored Plan-based care manager

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How is it done?

Member assignment will be made to a separate CMA/AMH+ who does not provide that member's HBCS. Should a member want TCM from their HCBS provider, the member will need to switch HCBS providers. The CMA/AMH+ provider will then be eligible after a period of time to receive services from the previous HCBS provider.

Members can choose to change their care management status with Alliance at any time. If a member does not indicate their preference, they will be assigned to a Tailored Plan care manager.

Alliance will conduct monthly reviews of all CMA/AMH+ enrollments to prevent referring members to CMA providers who are contracted with Alliance to provide HCBS waiver services, a review of 1915(c) and 1915(i) waiver eligibility.

As part of the April 1, 2023, Tailored Plan transition, duplicative services such as community guide and community navigator will no longer be available effective November 30, 2022. HBCS waiver services will be added through the 1915(i) benefit. Those services will include respite, individual and transitional supports, community living and supports, community transition and supported employment.

CMA/AMH+ providers will need to demonstrate policies and procedures in place to ensure conflict-free care management for members receiving HBCS waiver services.

Members who qualify for HCBS who opt out of TCM will obtain care coordination for HCBS through their Tailored Plan rather than the CMA/AMH+ or HCBS provider.

References:

Conflict-free case management regulations can be found at 42 CFR 441.301(c)(1)(vi) for 1915(c) waiver HCB and 42 CFR 441.730(b) for 1915(i) State Plan HCBS https://www.medicaid.gov/medicaid/hcbs/training/index.html#conflict