

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy Conflict Free Case Management</i>
Committee/Department: Regional Compliance	Local Policy Number (if used)
Implementation Date 01/04/2024	Regional Approval Date 12/13/2023

Reviewed by:	Recommendation Date:
ROC	08/09/2023
CMH Board:	Approval Date:
Lenawee	11/30/2023
Livingston	12/13/2023
Monroe	09/27/2023
Washtenaw	10/27/2023

I. PURPOSE

To establish a regional policy for the consistent and effective review, adoption, and implementation of Conflict Free Case Management.

II. REVISION HISTORY

DATE	MODIFICATION

III. APPLICATION

<input type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. DEFINITIONS

Case Management: Services furnished to assist consumers/individuals served, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. For the purposes of this policy this includes targeted case management and previously defined supports coordination.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Conflict Free Case Management (CFCM): Providers of HCBS for the consumer/individual served, or those who have an interest in or are employed by a provider of HCBS for the consumers/individual served must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.

Home and Community Based Services (HCBS): A Medicaid waiver program that provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

HCBS Provider: An HCBS provider for the purposes of this policy is one that provides specialized residential settings and/or vocational/skill-building services to individuals served/consumers.

Individual Plan of Service (IPOS): The document in the clinical record of the person served that has been developed based on person-centered planning standards. The IPOS includes individually identified goals and preferences; identifies the specific services and the service providers used to meet stated goals as well as their frequency, amount, scope, and duration; and is individualized and understandable to the enrollee/recipient.

Person-Centered Planning (PCP): A process for planning and supporting the consumer/individual served receiving services that builds upon the consumer's/individual's served capacity to engage in activities that promote community life and that honor the consumer's/individual's served preference, choices, and abilities. The person-centered planning process involves family, friends and professionals as the consumer/individual served desires or requires. The process is directed by the consumer/individual served and focuses on their desires, dreams, strengths and needs for support.

V. POLICY

Per federal regulation §441.301(c)(1)(vi), states are required to separate case management and the development of person-centered plans from service delivery functions for services delivered to persons within the Home and Community-Based Services (HCBS) waiver. Consumers/individuals served within a HCBS waiver cannot receive both case management and Medicaid Waiver-funded direct services and supports from the same provider. PIHPs, CMHSPs and providers considered case management agencies are required to maintain appropriate firewalls between case management activities and service provision if both activities are provided within the same agency.

Entities for which this policy applies shall comply with CFCM principles by designing strategies for implementation, monitoring, and oversight of those strategies.

VI. STANDARDS

1. CMHPSM and its CMHSP partners shall follow established conflict of interest standards for the assessment of functional needs and the person-centered service planning process that apply to all consumers/ individuals served and entities, public or private.
2. At a minimum, individuals or entities conducting the assessment of functional needs and person-centered service planning process **are not**:
 - a. Related by blood or marriage to the member, or to any paid caregiver of the member.
 - b. Financially responsible for the consumers/ individuals served.
 - c. Empowered to make financial or health-related decisions on behalf of the consumers/ individuals served.
 - d. Individuals who would benefit financially from the provision of assessed needs and services for the consumers/ individuals served.
 - e. Providers of services defined as HCBS waiver services for the consumers/ individuals served, or those who have an interest in or are employed by a provider of HCBS for the consumers/ individuals served. Such providers must not provide case management or develop the person-centered service plan.
 - The only exception is when MDHHS demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, CMHSPM or CMHSP staff would contact MDHHS, and MDHHS must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Consumers/ individuals served must be provided with a clear and accessible alternative dispute resolution process in these exception cases.
3. Administrative and/or structural firewalls should exist between the functions listed below, whenever possible:
 - a. Assessment & Eligibility/Resource Allocation: This includes the processes for determining eligibility and assigning budgets, hours, or other units of services.
 - b. Person Centered Planning: These are the processes that lead to a person-centered plan and an individualized plan of service (IPOS).
 - c. Monitoring & Service Coordination: These are the processes for ensuring that services are delivered according to state/federal standards and the plan of service. Activities include coordinating services, monitoring the quality of the services, and monitoring the individual (e.g., watching for changes in needs or preferences).
 - d. Direct Supports & Service Delivery: These are supports and/or services provided to the individual in accordance with the person-centered plan.
 - e. Utilization Management: Utilization management activities are a separate and discrete managed care function that sit outside of the other processes of assessment/eligibility, plan development, plan monitoring, and service delivery. Utilization management activities ensure that medical necessity criteria are met for all services and supports.
4. The CMHSP partners that comprise the CMHPSM PIHP region are diverse in size, geographic location, rural/urban settings, and resource availability. In instances where

complete separation of functions may not be possible CMHSP participants will employ safeguard strategies and robust oversight to limit potential conflicts of interest.

Safeguard strategies may include, but are not limited to:

- a. Required training on the principles of conflict-free case management for all case managers and supports coordinators
- b. Use of consumer advocates and independent facilitators in the person-centered planning process
- c. Ensure that all consumers are offered choices of providers at regular intervals (annually, at minimum) and their preference is documented in the plan of service
- d. Random or targeted case reviews should be utilized to determine whether assessment/ eligibility determination findings match actual service needs.
- e. Ensure consumer/individuals served or legally authorized representative are provided with their rights to submit grievances and/or appeals for assistance regarding concerns about choice, quality, eligibility determination, service provisions and outcomes where applicable.
- f. Ensure data of consumers/individuals served experiences with assessment, planning and service provision, coordination, satisfaction, freedom of choice, and referral patterns is collected and monitored to identify any potential conflict and implement any needed corrections in systems or practices.
- g. Ensure meaningful stakeholder engagement and input is pursued through the work of relevant regional and local committees such as Customer Services, Consumer Advisory Council, Network Management, Clinical Performance Team.

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
MDHHS Person Centered Planning Policy and Practice Guideline	X	
42 CFR 441.301 (c)(1)(VI)	X	
42 CFR 441.555(c)(1-5)	X	
42 CFR 441.730(b)(1-5)	X	
Michigan Mental Health Code Act 258 of 1974 as amended	X	
The Balancing Incentive Program (BIP) provisions in the Affordable Care Act	X	
Final Rule CMS 2249F Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community- Based Services (HCBS) Waivers	X	

MDHHS/PIHP Medicaid Contract and Attachments	X	
CMHPSM Consumer Appeals Policy	X	
CMHPSM Customer Services Policy	X	
CMHPSM Person Centered Planning Policy	X	

VIII. RESOURCES

The Centers for Medicare & Medicaid Services (CMS) trainings on Conflict of Interest:

<https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html>