



New Hampshire Department of Health and Human Services



Overview of Federal Requirements for Conflict Free Case Management

Presentation to the Governor's Commission on Medicaid Care Management

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How Does New Hampshire Define Case Management?

There are many terms that are used to describe case management activities, including care coordination, care management, service coordination, resource coordination, etc.

The Department has adopted this definition in keeping with the Whole Person Approach:

The deliberate organization of activities between two or more participants, with the individual at the center, involved in an individual's services and supports to facilitate the appropriate delivery of medical, behavioral, psychosocial and long term services and supports.

Organizing care involves the marshaling of personnel and other resources needed to carry out all required services and supports, and requires the exchange of information among participants responsible for different aspects of care.



Conflict Free Case Management

Conflict Free Case Management is not a new expectation, but a recommitment by the Centers for Medicare and Medicaid Services [CMS] to ensure individuals have genuine and appropriate access to the services and supports they need including the freedom to choose who provides their services and supports.



Conflict Free Case Management: Evolution and Timeline of Federal Regulations and Requirements

- 2007: Targeted Case Management Rule published by Centers for Medicare and Medicaid Services [CMS]
- 2010: Balancing Incentive Program [BIP] is sponsored by CMS with emphasis on, among other things, Conflict Free Case Management
- 2014: CMS publishes updated Federal Regulations for Home and Community Based Services provided through 1915c waivers [Choices for Independence, Developmental Disabilities, Acquired Brain Disorders and In Home Supports Waivers].



Conflict Can Exist Under Any Model

Conflict of interest can occur regardless of how Case Management is provided including: through case management agencies, managed care organizations, area agencies, community mental health centers, etc...

No one model for providing case management eliminates the opportunity for conflict of interest to arise.

CMS expects and allows states to implement strategies to mitigate conflict that could arise under any model to ensure individuals receive what they need.



Centers for Medicare and Medicaid Services (CMS)

Instead of providing a *narrow* definition of what Conflict Free Case Management is or isn't, CMS has focused on providing expectations and guidance on **9 Critical Design Elements and 4 Key Categories** to help states assess and monitor on an on-going basis, whether or not individuals were receiving case management that was free of any “bias” or “conflict”.

Information about the 9 design elements has been provided to you in a handout and can also be found at:

<http://www.balancingincentiveprogram.org/resources/what-design-elements-does-conflict-free-case-management-system-include>



Centers for Medicare and Medicaid Services (CMS)

This approach shifts the focus to quality of the individual experience, implementation of the “intent” of the service delivery system, and ensuring that safeguards are in place to protect the rights of individuals.



4 Key Categories of a Conflict Free Case Management System



NH's Commitment...

NH is committed to continuously reviewing and improving how NH's Case Management Systems can meet and exceed CMS' minimum requirements for a conflict free case management system.

