

# BALANCING Incentive Program

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Optimally, a conflict-free case management system includes the following design elements:

1. *Clinical or non-financial eligibility determination is separated from direct service provision.* Case Managers who are responsible for determining eligibility for services, do so distinctly from the provision of services. In circumstances where there is overlap, appropriate firewalls are in place so that there is not an incentive to make individuals eligible for services to increase business for their organization. Eligibility is determined by an entity or organization that has no fiscal relationship to the individual. This separation applies to re-determinations as well as to initial determinations.
2. *Case managers and evaluators of the beneficiary's need for services are not related by blood or marriage to the individual; to any of the individual's paid caregivers; or to anyone financially responsible for the individual or empowered to make financial or health-related decisions on the beneficiary's behalf.*
3. *There is robust monitoring and oversight.* A CFCM system includes strong oversight and quality management to promote consumer-direction and beneficiaries are clearly informed about their right to appeal decisions about plans of care, eligibility determination and service delivery.
4. *Clear, well-known, and accessible pathways are established for consumers to submit grievances and/or appeals to the managed care organization or State for assistance regarding concerns about choice, quality, eligibility determination, service provision and outcomes.*
5. *Grievances, complaints, appeals and the resulting decisions are adequately tracked and monitored.* Information obtained is used to inform program policy and operations as part of the continuous quality management and oversight system.

6. *State quality management staff oversees clinical or non-financial program eligibility determination and service provision business practices to ensure that consumer choice and control are not compromised, both through direct oversight and/or the use of contracted organizations that provide quality oversight on the State's behalf.*

7. *Track and document consumer experiences with measures that capture the quality of care coordination and case management services.*

8. *In circumstances when one entity is responsible for providing case management and service delivery, appropriate safeguards and firewalls exist to mitigate risk of potential conflict.*

9. *Meaningful stakeholder engagement strategies are implemented which include beneficiaries, family members, advocates, providers, State leadership, managed care organization leadership and case management staff.*

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Structural Changes <sup>[1]</sup> Structural Change 2: Conflict-Free Case Management <sup>[2]</sup>

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