



Conflict Free Case Management Information

Background Information

During Wyoming's 2014 legislative session, House Enrolled Act 58 was enacted to clarify how Conflict Free Case Management would be implemented and monitored by Wyoming's Division of Healthcare Financing (Division). That act is as follows:

- (c) For purposes of implementing Medicaid reform pursuant to 2013 Wyoming Session Laws, Chapter 117, the department may apply for any applicable waivers or permissions to allow exceptions to federal conflict free case management definitions for frontier and rural areas, which to the extent consistent with federal law, shall implement a system using a neutral third party to ensure no conflicts exist. Consistent with federal law, the department may phase in the independent case management system. In negotiating a waiver pursuant to this subsection, the department shall, to the extent practicable and approved by the center for Medicare and Medicaid services:*
- (i) Allow an individual or agency to provide case management and direct services to discrete clients if the services are provided under conflict free circumstances;*
 - (ii) When implementing updated case manager educational standards, provide for a three (3) year transition period and allow credit for prior case manager experience.*

CASE MANAGER and AGENCY QUALIFICATIONS

For the purposes identified in this guidance, the term "case management agency" shall include any individual certified to provide case management as a sole proprietor.

Services. An agency may provide:

- ✓ Case management services for either of the home and community based waivers for which they are certified.
- ✓ Other waiver services, but shall not provide case management services to the same participant to whom they are providing another waiver service.

Qualifications. An agency that wants to be certified to provide case management services is required to:

- ✓ Submit a Division application to become certified.
- ✓ Be enrolled as an active Medicaid provider.
- ✓ Adopt policies and procedures for backup case management for each person's caseload. Sole proprietors shall complete the Division Surrogate Form prior to starting services. All case managers shall meet with their designated backup to review all participant cases on a quarterly basis. This review shall be documented in case notes.
- ✓ Have each case manager obtain proof of competency demonstrated through the successful completion of the Division-approved case management training curriculum. This training shall be completed at the time of initial certification, and annually thereafter.
- ✓ Ensure that a successful criminal background screening, including a successful Office of Inspector General Exclusions Database screening, is conducted for every person hired or associated with the certified case management agency.
- ✓ Meet education, experience, and training qualifications and exclusions as specified by the Division.
- ✓ Ensure ongoing compliance with applicable Medicaid Rules, Provider Manual, policies, bulletins, and guidance.
- ✓ Ensure situations identified on page three (3), "Formal Exclusions" do not exist. For any conflicts that are identified, a third party shall be involved to review and verify that there are no other available providers to provide case management.

- ✓ Obtain and maintain national accreditation if they deliver services that equal or exceed \$150,000 a calendar year in **all** services subject to accreditation combined.

Items not required:

- ✓ National accreditation is not required if the case manager agency delivers less than \$150,000 a calendar year in **all** services subject to accreditation combined.
- ✓ Liability insurance or other organizational insurance will not be required by the Division. Each organization is encouraged to seek legal advice on any insurance decisions.

RATE, UNITS, AND BILLING REQUIREMENTS

- This information can be found on the Division’s website under the current Comprehensive and Support Waiver Service Index. The web address for this is <https://health.wyo.gov/healthcarefin/dd/servicesandrates/>.
- Sub-contracting of case management is prohibited

CASE MANAGER QUALIFICATIONS

A case manager must:

- Obtain an NPI number in their name and submit a Medicaid enrollment application to the Division.
- Maintain current CPR and First Aid Certification.
- Complete a successful background screening, which shall be available for Division review.
- Meet educational and work experience requirements as specified by the Division.
- Complete training requirements as specified by the Division:
 - o Within one month of working as a case manager, the case manager must complete all Division training modules. Summaries of these trainings, or a certificate when applicable, shall be available for Division review.
 - o Eight (8) hours of annual training in areas specified by the Division will be required. Certificates or confirmation of attendance shall be available for Division review.

Education and experience requirements

Case managers must meet the following qualifications:

- Master’s degree from an accredited college or university in one of the following human services fields:
 - o Counseling;
 - o Education;
 - o Gerontology;
 - o Human Services
 - o Nursing
 - o Psychology
 - o Rehabilitation;
 - o Social Work;
 - o Sociology; or
 - o A related degree, as approved by the Division.

OR

- Bachelor’s degree in one (1) of the related fields listed above from an accredited college or university and one (1) year work experience as a case manager or in a related human services field:

OR

- Associate’s degree in a related field and four (4) years of work experience as a case manager or in a related 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.

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

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

- ✓ If my family or I 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 shall not have a conflict of interest. To address conflicts of interest, the Division has implemented the following exclusions for the case management agencies:

1. The case management agency and any managing employee shall not own, operate, be employed by, or have a financial interest in or financial relationship with any other person or entity providing services to a participant;
2. The case management agency may be certified in other waiver services, but shall not provide case management services to any participant to whom they are providing any other waiver services, including self-directed services;
3. The owner, operator, or managing employee of a case management agency shall not be related by blood or marriage to the owner, operator, or managing employee of another waiver service provider on the participant's individualized plan of care;
4. Any employee of a guardianship agency shall not provide case management to any participant who is receiving services from the guardianship agency; and
5. A case management agency shall not:
 - a. Employ case managers who are related to the participant, the participant's guardian, or a legally authorized representative served by the agency. If the case management agency is a sole proprietor, the case manager shall not be related to the participant, the participant's guardian, and/or a legal representative served by the agency;
 - b. Make financial or health-related decisions on behalf of the participant receiving services from that agency, including but not limited to a guardian, representative payee, power of attorney, or conservator;
 - c. Provide case management services to, or live in the same residence of, any provider on a participant's individualized plan of care in which they provide case management services.

For further information, please check the Division's website or contact your assigned Provider Support Specialist. For new applicants' please contact Initial Certifications at bhd.intcert@wyo.gov.