

CFCM Draft Language

Comment: Because of the fact that many waiver services are provided on a short-term basis or are of limited duration, and the fact that changing providers is disruptive and confusing to families/clients, MACDDS urges DMH to consider modifying its proposal to allow a TCM entity to also provide waiver services on a limited basis.

This would include situations in which the waiver service is by definition short term or of limited duration. For example, a young adult who needs Job Prep services to prepare him or herself for gainful employment. It would not include services that are subject to extension based on client need such as therapies, day services, residential services, personal assistant, respite. An alternative might be to place a time limit on the authorization for the TCM entity to provide both TCM and a waiver service. Should the waiver service need to be continued, the client would then be offered the option to either choose another TCM provider or waiver service provider.

The second situation would include the scenario in which the TCM entity purchases services or items from a supplier, without any benefit to the TCM entity. As an authorized provider of Specialized Medical or Adaptive Equipment, the TCM entity provides a service to the client and a cost savings to the State by purchasing the item or service on behalf of the client. The TCM entity does not make money on the transaction and serves simply as a conduit to obtain the necessary service/item.

There are also situations in which the TCM entity is the single source of a service. Classes have been created to meet a specific need of a client or group of clients that would not otherwise be available.

Suggested revisions are in red type:

The state has safeguards in place to assure that the service providers' influence on the planning process (including exercising free choice of providers, controlling the content of the plan, including assessment of risk, services, frequency and duration, and informing the participant of their rights) is a part of the plan of care verification process before the plan is approved. The Division also has procedures for support coordinators to follow to ensure choice in providers, services, institutional care, and service delivery options are reviewed with the participant and legally authorized representative annually. The Division rules for targeted case management entities also require the support coordinator to review choice, plan for services, risks, and one's goals without any undue influence from other providers or parties.

The Targeted Case Management (TCM) entity may provide waiver services, but NOT to an individual for whom the agency provides support coordination with the following exceptions: 1) if the service is by definition of limited and short duration; 2) if the service or item is purchased by the TCM entity from a supplier and the TCM entity will not benefit from the provision of the item or service; or 3) if the TCM entity is the single source provider of the waiver service. Any TCM entity that is also providing a waiver service to the same individual shall notify that individual during the annual plan development meeting, that the individual can no longer receive support coordination and waiver services from the same entity. The individual shall also be presented with the names of eligible TCM entities, along with alternative waiver service providers, to offer the individual a choice of either another TCM entity or waiver service provider.

The Division of Developmental Disabilities (Division) will be responsible for identifying future support coordination options for individuals who chose to continue to receive waiver services from a TCM entity. If the individual does not make a selection within 6 months, then the TCM entity shall make a referral to another TCM entity that agrees to accept the referral of individuals for TCM services. Full transition to a new provider of either waiver services or support coordination should be completed within one year of the annual plan development.

The existing case management provider shall notify DMH of the individual's choice and DMH shall effect the transfer. This system will be fully implemented by June 30, 2018.

One of the Division's integrated quality functions is the targeted case management reviews conducted by the technical assistance coordinator (TCM TAC) reviews, which include

- a. Verification that the conflict of interest statement is included in the **support** plan; and
- b. Interaction/contact with a sample of consumers and/or their guardians to verify effectiveness of the procedures.