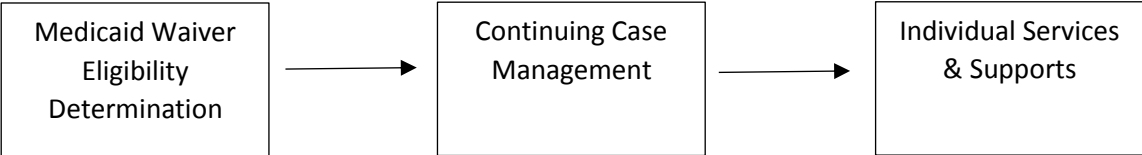




Please OPPOSE HB18-1288, Conflict-Free Case Management
Sponsor: Rep. Young

Individuals who are eligible for Medicaid waivers go through three main steps to receive services:



HB18-1288 Explanation:

HB18-1288 has two main provisions. The first requires that the agency who provides case management for Medicaid-eligible individuals is separate from the agency who benefits financially from providing services and supports to that individual. This separation is required under current federal law requirements, and thus **could be implemented without HB18-1288**. This separation is defined as “conflict-free case management,” and this would require just four single-entry points to change their practices. HCPF is working with these single-entry points to de-conflict, so this is not the piece of the bill that concerns us.

The second provision goes **beyond these federal requirements**. Under current law, once a SEP determines eligibility for an individual, the SEP also provides case management services. This bill requires an additional step before a SEP can begin case management by requiring individuals to decide between several case management agencies before receiving services. This delay is NOT required by the federal government and would fundamentally alter the practice of ALL 24 single-entry points, which provide services to all 64 counties. The separation would allow for-profit and out-of-state case management agencies to start competing for Medicaid dollars which would have huge unintended consequences.

Unintended Consequences:

The separation of eligibility determination from case management creates an unpredictable and untenable system for single-entry points that could undermine the ability to provide case management services to individuals. HB18-1288 allows new case management agencies to compete with the counties for clients. This will cause **unpredictable caseloads** as individuals move between case management agencies, and because it is impossible to manage a constantly changing caseload, this may result in a decision by single-entry points to stop providing case management altogether. If there are communities where the single-entry point declines to provide case management services and no other case management agencies choose to operate, **individuals will have NO options for case management**.

Counties have an obligation to provide a safety net in our communities, and we would never want to turn a vulnerable individual away. If private case management agencies decline to serve individuals with more complicated, time-consuming needs, those individuals will need to be served by the county. This



means **counties will end up serving the highest-need, most expensive individuals** while for-profit agencies choose the simplest cases and still receive an identical reimbursement rate.

The counties' interest is in serving the individuals in our communities to the best of our ability. Every dollar put into the system serves our citizens. However, this bill puts **for-profit case management agencies in the powerful position of authorizing the expenditure of taxpayer dollars, while the very existence of their agency depends on individuals' perceptions that they are receiving enough of those expenditures**. This *creates* a conflict and goes against the mission of the bill. Counties will never have this conflict because we have a duty to the state and the citizens we serve to spend taxpayer money in a responsible way. For-profit agencies have no such duty.

Finally, and most importantly, the separation of eligibility determination from case management could harm the vulnerable individuals we serve. This bill introduces another **layer of process** before an individual can receive services and requires yet another staff person get involved in an individual's case. Not only would this **increase administration costs**, but it undermines the ability of single-entry points to coordinate care. This bill **disrupts the continuity of care** and makes the system **more complex** for individuals.

We understand the desire for individuals to have choice in their case managers, however this choice should not compromise the importance of building a coordinated system of accessible, affordable, and quality care. For these reasons, we ask that you **OPPOSE HB18-1288**.