

DDCM Questions and Answers
14 APR 2016

- Will current provider agreements between DMAS and private DDCM agencies expire on 01 JUL 2016?
 - The answer is No. We will have a transition period. Time frame set for this to be 6 months or 12/31/16. CSBs should prioritize in this order:
 - Individual contracts for those who will remain with their current private case manager. (Target date: 7/1/16)
 - RFP for at least one private contracted provider for new cases. (Target date: 9/30/16)
 - Transfer of all individuals served by private providers to the CSB (Target Date: As soon as possible but not later than 12/31/16) During this time, private providers will continue their provider agreement with DMAS and will bill directly for case management until the case is transferred to the CSB. They will be expected to continue to fulfill their data reporting requirements using Survey Monkey.
 - CSBs should not delay contracting in any way unless unavoidable.
 - CSBs will put together a plan including a timeline for accomplishing above and communicate that to the private providers operating in their locality. It takes effect when the CSB says so. CSB is in full control of the local contracting process.
 - Private provider payer agreements will not expire in a CSB's area until the contract is executed.
 - CSB needs to require the contracted private provider(s) to notify DMAS that they will no longer be billing for DDCM services effective the date the contract takes effect – and private providers must copy the CSB on that correspondence with DMAS.
 - To be doubly sure that this occurs, the CSB should also contact DMAS/DBHDS directly to notify them that CSB will assume billing.
 - The details of this are still being worked out. Questions remaining: What happens when a private provider serves more than one CSB locality? Should we just notify DMAS when the CSB is taking over case management for individuals? Will this even be beneficial to block billing by the private provider?
 - **ADDITIONAL CLARIFICATION FROM DMAS:** The termination of the agreements would have to be carefully coordinated as to not affect those that are receiving services (whether on waiver or not) and have not connected with the CSBs.
- If yes to the above, does that also mean that the current practice of grandfathering entire agencies (i.e. allowing an agency continue to hire individuals without bachelor's degrees as opposed to grandfathering on a case by case basis) will no longer be allowed?
 - At the time the individual contract takes effect, the private provider will have the same requirements as CSBs. No more organizational grandfathering, but previously-grandfathered individual case managers will be protected and allowed to continue to provide case management to the individual(s) currently served, just as they will be at CSBs.
 - In RFP process, we cannot exclude providers with grandfathered CMs, but we should score providers higher if they have mostly/all Bachelor's-level trained CMs.
- Will DMAS set an administrative fee to be set aside from the \$242 rate for DDCM?
 - DMAS is sensitive to the concerns of the CSBs around "rate fixing". CSBs, however, are enrolled as providers and accept the billing rates set by Medicaid. They are not our contractors, therefore we have no authority to set the rates for their subcontractors or the administrative fees. This was confirmed with Scott Crawford and Bill Lessard.

- Since Boards will have to bid case management through an RFP process in order to meet the agreement that CSBs will contract with one private DDCM agency to accommodate choice, is there some flexibility in moving the deadline for having those contracts in place from 01 JUL 2016 to some date beyond that? It is unlikely at this late date, that CSBs will be able to move all the way through the procurement process and have those contracts in place by 01 JUL 2016.
 - [Deadline set for 9/30/16. MAY be extended to October 31 if there is a delay in getting the information in the next bullet timely, but an extension is unlikely.](#)
 - [UPDATE FROM DMAS:](#) The KSAs and regulations were discussed at a 14 April meeting of the DDCM Mapping group. DMAS will send the final KSAs shortly. We have agreed to the increased standard for all CMs in CSBs (educational attainment of bachelor's in a human services field as defined by DMAS or RN) but the requirement for one year of experience is not mandatory. Grandfathering language will also be forthcoming.
- CSBs are required to report certain data elements to DBHDS via CCS3. While CSBs may be able to get their contracts in place with private DDCM agencies to continue to provide DDCM to individuals who would like to keep their current DDCMs by 7/1/26 (no RFP is necessary for this making the 01 JUL 2016 deadline attainable), it is unlikely that they will be able to complete any changes required to their EHRs in order to accommodate non-agency employee entry, and/or to complete training of new DDCMs on the CSB EHR, and/or to find a reasonable work-around by that date. Is there some flexibility in when the data on DD cases must begin to be reported?
 - [Currently, only 13 of 92 private providers are entering information regularly into Survey Monkey.](#)
 - [Private providers will be allowed to continue entry into Survey Monkey and expected to do so through 12/31/16.](#)
 - [For individuals with DD for whom the CSBs will provide case management, data entry into CCS3 should take place as soon as the case is opened, like we do with our ID population. This will be true for new cases and for those individuals who are transferred from the private provider to the CSB. \(Note: Transfers should occur as soon as possible but no later than 12/31/16\).](#)
 - [For those individuals who are served by a private DDCM, data will begin to be entered into CCS3 by the CSB beginning 1/1/17. This will give the CSBs time to put processes in place with the private provider for data entry submission.](#)
 - [Until 12/31/16, CSBs should require the private providers under contract to enter their data into Survey Monkey. After that date, the data will be submitted by the private provider to the CSB either through access to the CSBs EHR or some other work around for entry into CCS3.](#)
 - [UPDATE FROM DBHDS: They are willing to share information regarding which providers are currently compliant with their data reporting requirements.](#)
- CSBs will need to adjust their licenses to add new services on 01 JUL 2016. Is there a way that CSBs can be given "deemed status" while those new applications work their way through the process?
 - [UPDATED ANSWER:](#) The Waiver amendment was submitted with the requirement that community engagement, workforce assistance, etc. require license as a non-center based day support provider. As a result, those who only possess a center-based license will need to submit a modification. They will need to submit a revised program description and a staffing plan for the additional service since the staffing for non-center based will likely be different. There will be a communication coming out about this from DBHDS and they have said they will make every effort to get approvals done by 01 JUL 2016.
- Heather Norton shared with the DS Council on 3/21 that there are over 400 persons on the DD waiver waiting list that are receiving "as needed" or "episodic" case management currently. While we have the names of persons on the waiting list, we do not yet know which of those are receiving DDCM today. How soon can we get that information?

- We have been assured that this information will be coming to us shortly, and that our need for the data is recognized.
 - NOTE: A transition period allows time for these “pre-existing” episodic cases to be resolved. During this time period, CSBs can monitor the case, and then let the episode expire during the 6-month period. If the person presents as needing a new episode, they would default to the CSB and go through the new DDCM choice protocol.
- If CSBs are going to be expected to add the DDCM sites to their respective CM licenses, we see no way this can be accomplished before July 1st. Will CSBs be required to change their licenses? If yes, then will there be a “work around” solution to allow services to be provided and claims billed between 7/1 and the date that Licensing completes the process to issue license modifications/additions?
 - No changes will need to be made to CSB case management licenses.
- Will new CSB payer agreements with DMAS need to be executed (we have heard “yes”)? If so, when will that occur?
 - No final answer on this one yet.
- We heard Connie talk about CSB case managers, based upon the VIDES and calendar, described as providing preauthorization for services prior to final DBHDS approval. We are very concerned about this framing, though we recognize that this may be an issue of semantics. CSBs want no part of the authorization process – even in name. Our case managers currently “recommend” services, but preauthorization and authorization of services occurs later. We will not be able to participate in any level of authorization and maintain any rational argument for our system meeting Conflict-Free Case Management definitions. We would not see ourselves agreeing to any form of preauthorization or authorization role for CSB case managers.
 - We have been assured that CSB case managers will not be involved in service (pre)authorization at any level. Just like today, they will recommend services, but provide no level of authorization.
- SIS letter
 - Requested guidance on prioritization from DBHDS
 - One possible solution (being researched) is whether Ascend can be focused on new cases as priority, while existing consumers can have current SIS stand until Ascend can get to them