

DDRC – CONFLICT PREVENTION PLAN

A CCB'S OPPORTUNITIES TO ACT ON PRIVATE INTERESTS AS A DIRECT SERVICE PROVIDER

Other CCB Role	CCB's Public Duty as Agent of State	CCB's Private Interest as Provider	Opportunities to Act on Private Interests	DDRC's Plan to Address Concern
<p>Single Entry Point</p> <ul style="list-style-type: none"> • I&R • Eligibility Determination • Managing Waiting List 	<ul style="list-style-type: none"> • Allow choice of provider • Ensure equitable access 	<ul style="list-style-type: none"> • Gain competitive advantage • Minimize costs • Maximize revenue 	<ul style="list-style-type: none"> • Publicize CCB services, but not other service providers to limit access to information about other service providers? • Loosen interpretation of eligibility criteria and level of care to fill available provider slots? • Use eligibility criteria to screen out high cost users? • Move people up on the waiting list who match openings in CCB provider agencies? 	<ul style="list-style-type: none"> • Request for Proposal process (RFP) created by Alliance with CCB and Service Agency representation which is neutral to all programs and agencies has been fully implemented by DDRC. • Provider fairs are held occasionally to inform consumers/families about available provider options. • DDRC reviews statistics of internal vs. external resource allocation and provides such information to all Services Agencies. • Website has description of service categories and links to internal programs and contract providers. • Wait list guidelines are developed by the state and appeal processes are followed. • High cost users receive a higher reimbursement rate and therefore are not necessarily less cost-effective to serve. • An eligibility committee is utilized. • Wait list guidelines with eligibility date are followed, RFP process to all service provider organizations is followed.

Other CCB Role	CCB's Public Duty as Agent of State	CCB's Private Interest as Provider	Opportunities to Act on Private Interests	DDRC's Plan to Address Concern
Case Management Agency Service Planning Provider Selection	<ul style="list-style-type: none"> • Allow choice of provider • Ensure equitable access 	<ul style="list-style-type: none"> • Gain competitive advantage • Minimize costs • Maximize revenue 	<ul style="list-style-type: none"> • Develop service plans that favor CCB services? • Use service planning or provider selection process to steer participants toward CCB services in order to fill open service slots? • Use the provider selection process to steer low cost participants to CCB services & high cost participants to other providers? 	<ul style="list-style-type: none"> • RFP process for comprehensive providers is followed. A process for SLS is being developed. • RC's are trained to provide options in a neutral manner. RC's inform individuals/families as required to warn of potential conflict when CCB provider is selected. • Standardized rates do not give incentive to serve lower cost participants as reimbursement rates correlate with support needs.
OHCDs	<ul style="list-style-type: none"> • Allow choice of provider 	<ul style="list-style-type: none"> • Gain competitive advantage • Maximize revenue 	<ul style="list-style-type: none"> • Negotiate low rates with other providers, while offering favorable rates to own provider agencies?* 	<ul style="list-style-type: none"> • SIS scores and standardized rates and caps address how providers are paid. Providers are able to bill directly to Medicaid and HH providers can choose which service agency they want to contract with.
Quality Assurance Monitoring Services Complaints Incidents	<ul style="list-style-type: none"> • Assure provider/service quality 	<ul style="list-style-type: none"> • Gain competitive advantage • Minimize costs 	<ul style="list-style-type: none"> • Suppress complaints against CCB? • Suppress incidents connected to CCB? • Less rigorous monitoring of CCB services; resistance to interventions? • Less rigorous advocacy on behalf of participant or family? 	<ul style="list-style-type: none"> • Resolution process is in place. • Same monitoring process for internal programs and external providers. DDD reviews CCB monitoring process and conducts state surveys. • HRC third-party review process reviews investigations and rights restrictions, etc. • Incidents that meet various criteria must go to DDD for review of our follow-up.

*With the introduction of standardized rates, the Department expects the opportunity for conflict here to fade.