



## POLICY AND PROCEDURE MANUAL

SUBJECT Conflict Free Case Management, Access, and Planning	ACCOUNTABILITY The NMRE and its Member CMHSPs	Effective Date: July 10, 2025	Pages: 2
REQUIRED BY 1915(i)/State Plan Amendment, the HCBS Final Rule, HCBS Waivers (Habilitation supports Waiver, Children's Waiver Program, Serious Emotional Disturbances Waiver), 1115 BH Demonstration Waiver	Managed Care Rules: PIHP Contract Section: Other:	Last Review Date:	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Chief Clinical Officer	Responsible Department: Clinical/Waiver	Reviewers: NMRE CEO

### Definitions

**Assessment:** A process that evaluates a person's ability to perform daily tasks and activities. The assessment identifies areas of impairment and how they affect daily life.

**Beneficiary:** A person served by the publicly funded behavioral health and substance use disorder system or his/her representative. For the purposes of this policy, the terms "beneficiary" and "member" may be used interchangeably.

**Community Mental Health Services Program (CMHSP):** For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

**Conflict-Free Case Management:** A goal to promote independence and choice for people receiving services through public behavioral health system. This is achieved by separating the assessment and coordination of services from the delivery of services.

**Conflict of Interest:** When a professional's judgment is influenced by a secondary interest, such as financial gain.

**Independent Facilitator:** a person who helps an individual through the Person-Centered Planning (PCP) process. The facilitator is independent of the Community Mental Health Service Provider (CMHSP).

**Individual Plan of Services (IPOS):** The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

**Northern Michigan Regional Entity (NMRE):** Region 2 PIHP covering Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle Roscommon, and Wexford counties in northern Lower Michigan.

**Person-centered Planning:** The process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities.

**Prepaid Inpatient Health Plan (PIHP):** An organization that manages the Medicaid mental health, intellectual/developmental disabilities, and substance use disorder services in their geographic area under contract with the State.

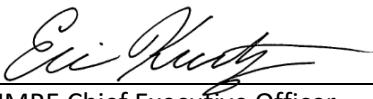
#### Purpose

The purpose of this policy is to ensure that NMRE and its Community Mental Health Service Program (CMHSPs) participants have a consistent definition and operational guidance for the provision of services and supports that are free from conflicts of interest, also referred to as conflict-free case management.

#### Policy

NMRE and its CMHSP participants will follow the established conflict of interest standards for the assessment of functional needs and person-centered service plan development processes that apply to all individuals and entities.

#### Approval Signature



NMRE Chief Executive Officer

3/10/25

Date

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Procedure <input checked="" type="checkbox"/>			

### Procedure

A. The individuals or entities conducting the assessment of functional need and person-centered service plan development process must not be:

1. Related by blood or marriage to the beneficiary, or to any paid caregiver of the member.
2. Financially responsible for the beneficiary.
3. Empowered to make financial or health-related decisions on behalf of the beneficiary.
4. Individuals who would benefit financially from the provision of assessed needs and services.
5. Providers of HCBS for the beneficiary, or those who have an interest in or are employed by a provider of HCBS for the beneficiary, must not provide case management or develop the person-centered service plan, except when the PIHP demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the CMHSP/PIPH must devise a procedural conflict of interest protection.

B. Administrative and/or structural firewalls will exist between functions, whenever possible and where applicable:

1. **Assessment & Eligibility/Resource Allocation:** This includes the processes for determining eligibility and assigning budgets, hours, or other units of services.
2. **IPOS Development:** These are the processes that lead to a person-centered plan.
3. **Monitoring & Service Coordination:** These are the processes for ensuring that services are delivered according to the IPOS. Activities include coordinating services, monitoring the quality of the services, and monitoring the beneficiary.

4. **Direct Supports & Service Delivery:** The supports and/or services provided to the beneficiary in accordance with the person-centered plan.
5. **Utilization Management:** Utilization management activities are a separate managed care function that sit outside of the other processes of assessment/eligibility, plan development, plan monitoring, and service delivery. Utilization management activities ensure that medical-necessity criteria are met for all services and supports.

C. The NMRE is comprised of 21 counties, and 5 CMHSPs. Even though some of the counties have been categorized as micro urban, under the Department of Insurance and Financial Services, these are just subcategories of rural communities. Additionally, all five of the NMRE CMHSPs cover multiple counties, some categorized as micro urban, rural, and frontier. Regardless of this rural nature, in nearly all circumstances service planning and development and case management are done by the same individuals and, although they may be provided by the same organizations (in some cases), CMHSP participants will employ safeguard strategies, procedural firewalls, and robust oversight to limit potential conflicts of interest.

Safeguard strategies may include, but are not limited to:

1. Required training on the principles of conflict-free case management for all case managers and supports coordinators
2. Use of consumer advocates and independent facilitators in the person-centered planning process
3. Ensuring that all beneficiaries are offered their choices of providers at regular intervals (annually, at minimum) and their preference is documented in the plan of service
4. Random case reviews to determine whether assessment/eligibility determination findings match actual service needs

Approval Signature



NMRE Chief Executive Officer

3/10/25

Date