

Conflict-Free Case Management

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IMPORTANT MESSAGE FOR STAKEHOLDERS AND PROVIDERS!

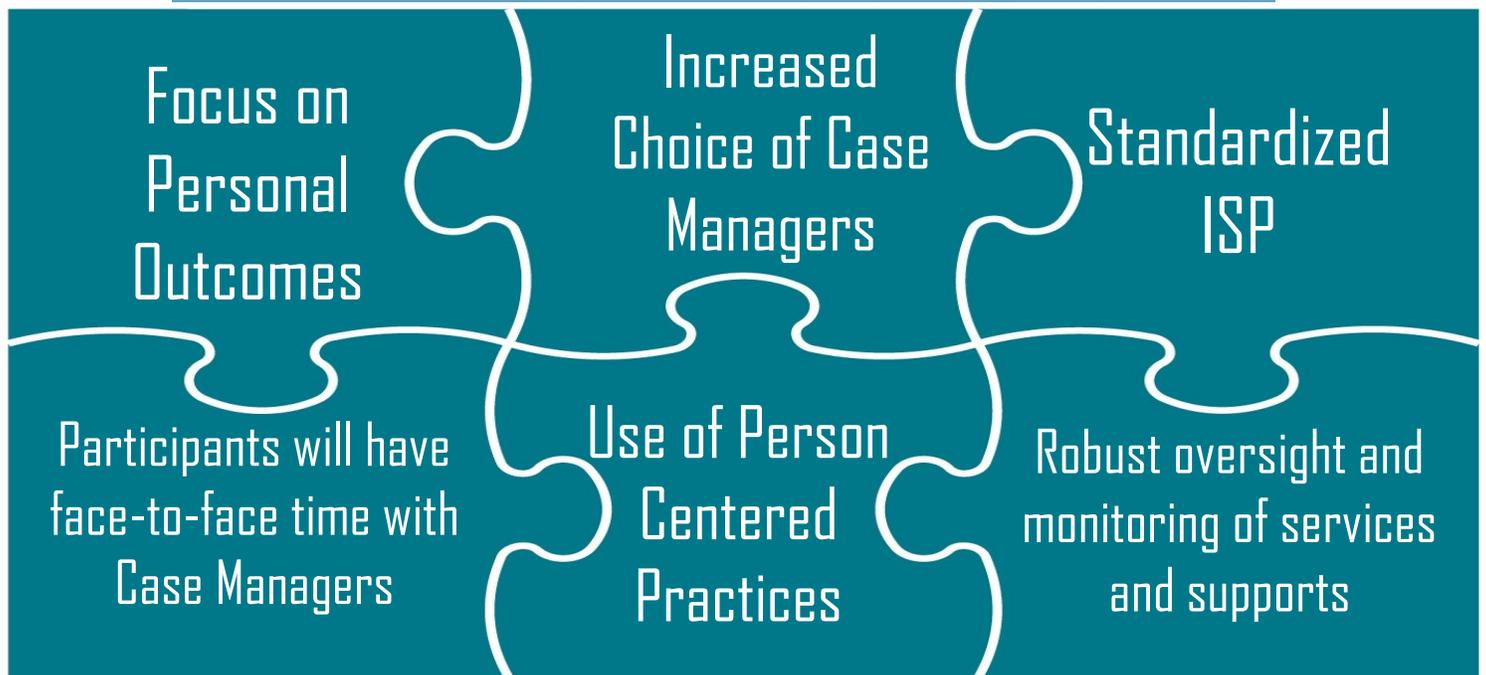
The conflict-free case manager:

- Works with the ISP team to develop an individualized support plan (ISP)
- Uses a standardized ISP format that ensures a person-centered approach to planning
- Makes sure the participant is receiving supports and services as planned and that personal outcomes are met
- Promotes Person Centered Practices.

Direct supports – such as residential, vocational, nursing, and employment supports – will continue to be provided by the Community Support Providers chosen by the participant. Although the providers of conflict-free case management will change, high-quality case management will continue. We will work with you to make the transition to conflict-free case management as seamless as possible.



Components of Optimal Conflict-Free Case Management System:



Timeline of Conflict-Free Case Management Initiative:

December 2015:
 Conflict-Free Case Management provider enrollment begins.

Providers will be required to support an entire region of the state: West, Central, Northeast and Southeast.

June 2016:
 Transition to Conflict-Free Case Management projected to begin.

Frequently Asked Questions

Conflict-Free Case Management



For more information please visit the website : <http://dhs.sd.gov/dd/cfm/>

What services will be provided by which entities?

A Case Manager will use Person Centered Practices to assist a person in developing a support plan and will do follow up and monitoring. Community Support Providers will provide Direct Supports such as residential, vocational, nursing, and employment supports. Conflict-Free Case Management must be provided by a separate organization than provides direct supports.



In what ways will we communicate with participants and families to ensure a smooth transition into conflict-free Case Management?

Web resources, and frequently asked questions will be used to communicate with participants and families during the transition.



What can we do to ensure effective communication between Case Management providers and Community Support Providers?

Case Managers will be in regular contact with direct support organizations while monitoring a person's plan.



Artwork by Valorie Ahrendt.

Will there be enough providers to meet the needs of the entire system?

Provider enrollment has revealed there will be multiple providers in each region throughout the state. Participants will be able to choose a case manager from enrolled providers in the region they reside, although the case management provider must not work for the same organization which provides direct supports for the person.

How often can I talk to my Case Manager?

As frequently as appropriate and minimally on a face to face basis during quarterly observations of services and supports. Organizations employing case managers will assure that they are putting in this face to face time. Participants will have the amount of contact with direct support staff as determined appropriate and included in the ISP plan. Participants, direct support provider organizations, families, and advocates will be able to contact case managers when need arises.

What is a standardized ISP?

A standardized ISP will be utilized to ensure that all components of the ISP are completed for each person. The Division of Developmental Disabilities, with input from stakeholders, has developed the format of the standardized ISP.

How will I choose my provider?

There will be a window of choice during the transition time where participants can choose their qualified Case Management provider. Assignment to providers will take place after that time and on-going freedom of choice amongst all qualified providers will continue.

When will this change take place?

Enrollment for qualified providers began in December 2015. The list of providers that have met all qualifications will be shared starting April 1, 2016. Look for more information to be sent to you about this.

CHOICES is a Medicaid Waiver program which delivers HCBS for individuals with intellectual and developmental disabilities.

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