DAIL Case Management/Service Coordination Activities

Major case management activities across DAIL Home- and Community-Based (HCBS) programs appear in the table below. This list of activities has been created to inform discussions about conflict of interest, related to federal HCBS rules.

Please review the [Global Commitment to Health website on Conflict of Interest in Home- and Community-Based Services](#) for more information.

Case management (CM) activity	Examples of possible conflicts
1. Screen for program eligibility	• Screen people 'in' who you would like to serve • Screen people 'out' who you would not like to serve
2. Complete assessments and reassessments	• Assess needs higher than to secure higher future funding
3. Determine program eligibility and annual review of continued eligibility	• Determine people 'eligible' who you would like to serve • Determine people 'ineligible' who you would not like to serve
4. Determine level of HCBS funding	• Incentive to pursue higher funding levels that represent agency revenue
5. Help individual secure and maintain Medicaid eligibility	• ??
6. Discuss service options including agency versus self-managed, different residential settings including shared living, TCR, ICF	• "Steer' some people to agency services • 'Steer' some people to non-agency services • 'Steer' some people to low-cost services • 'Steer' some people to low-risk services
7. Screen for service/setting eligibility	• "Steer' some people to agency services • 'Steer' some people to non-agency services • 'Steer' some people to low-cost services • 'Steer' some people to low-risk services
8. Determine service/setting eligibility	• "Steer' some people to agency services • 'Steer' some people to non-agency services • 'Steer' some people to low-cost services • 'Steer' some people to low-risk services
9. Information and referral; referral to other agencies and services	• Refer people you do not want to serve to other agencies • Refer people to services that are financially advantageous to the agency • Refer people away from services that are financially disadvantageous to the agency
10. Identify/support goals	• Some disincentives to actively identify and pursue some individual goals (eg to live independently, sexual activity)
11. Identify/support choices and preferences	• "Steer' some people to agency services • 'Steer' some people to non-agency services • 'Steer' some people to low-cost services • 'Steer' some people to low-risk services
12. Create a person-centered service/support plan	• Incentives to create high-cost plan • Incentives to reduce liability risk to agency • "Steer' some people to agency services • 'Steer' some people to non-agency services

Case management (CM) activity	Examples of possible conflicts
	• 'Steer' some people to low-cost services • 'Steer' some people to low-risk services
13. Recruit/train/supervise direct care staff	• Incentive to ignore or excuse poor performance
14. Monitor services including quality and outcomes	• Incentive to ignore fault/problems in own plan or services including staff shortages to avoid challenges • Incentive to spend less $ than authorized to produce 'savings'
15. Modify service/support plan including services and setting	• Incentive to maintain status quo if advantageous to agency • Shortage of staff alternatives creates incentive to maintain status quo
16. Monitor and provide support for crises/emergencies	• ??
17. Representative payee services	• Incentives to influence use of funds eg prioritize payment of provider expenses/costs?
18. Certification of individual as an employer (CFC)	• Incentives to find people eligible to support paying family/friends and/or reduce staffing demand on agencies
19. Train/support individual as an employer (consumer, family, or guardian/surrogate)	• May not have tools/skills/knowledge
20. Room and board payment rates, amount of monthly personal needs allowance	• May lead to inconsistent policies/decisions
21. Shared living leases/agreements and/or other legal agreements	• May lead to agreements that disadvantage the participant