



Conflict-Free Case Management Waiver Application

Case Management Agencies must submit this application for approval for a waiver to conflict free case management in the defined service area in which they are submitting an RFP response. Applicant must reside in a service area in which willing and qualified providers do not exist for the services they are providing. Please fill out the below form and answer each question. Additional pages or attachments may be added for completion of all questions. Please email completed applications to Department staff: Tiffani Domokos, tiffani.domokos@state.co.us.

Applicant Information

Case Management Agency Name: _____ Date: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Requested Effective Date: _____ Case Management Agency Provider ID.: _____ Person Completing form _____

Has your agency had a rural exception previously? YES NO

Are you a CCB providing direct services? YES NO If yes, where? _____

Are you a SEP providing direct services? YES NO If yes, where? _____

If yes, explain: _____

Questions

1. What direct services does your agency currently provide that would put your agency out of compliance with conflict free case management without the rural exception and for which you would need a waiver?
2. Which of those services are you the only willing and qualified provider in your service area? Please describe how you will demonstrate that your agency is the only willing and qualified provider of those services on an annual basis for reporting to the Department (per contract requirement).
3. If offered this waiver, please describe how your agency will provide safeguards to ensure choice of provider for each member and each service, where possible in your community.
4. Please describe how your case management agency will recruit HCBS waiver providers to your area of the state in order to eventually come out of conflict for case management.
5. Please explain how you are keeping your case management line of business administratively separated from your direct service line of business, including staff separation.

6. Department will validate agency claims of being the only willing and qualified provider via data and provider outreach. If this application is denied for the Conflict Free Case Management Waiver, how does the agency plan to transition services and members to come into compliance with conflict free case management?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____