



1. **[HCBS Case Managers] General:** *What is the purpose or advantage of having HCBS Case Managers as state employees instead of county/zone employees?*

State employment will support consistency in service delivery and processes across the state. Additionally, it will support the specialization of roles so that case managers are not wearing multiple hats, and it will support training they need to focus on the person-centered practices and the HCBS consumer. This transition also helps the state meet its Olmstead obligations and support the intent of SB 2124.

The further specialization of case managers in program areas is another possible advantage of state employment, and these ideas could be explored in the future.

2. **[HCBS Case Managers] General:** *How will this help “even out” and provide services to clients?*

HCBS Case Managers will not be limited by county boundaries. Caseload could span boundaries while adhering to a geographic area that is reasonable for the case manager to manage. Caseload standards can be more consistent across the state, since state will manage caseload standards to best serve clients. Also, technical program supervision will be provided to all HCBS case managers to assist with training, consistency, and service delivery.

3. **[HCBS Case Managers] General:** *If I move to employment with the state as a case manager, will I still be required to be on call for other programs operated by a zone (e.g., child welfare)?*

No. HCBS case managers will be 100% dedicated to that role and will not be allowed to work with other programs.

4. **[HCBS Case Managers] General:** *If there are 70 current HCBS workers, and only 64 will be allowed to be state employees, will the remaining 6 lose their jobs?*

Every current classified county social services employee will be offered a position in the zone or with the state. Those who wear multiple hats today across program areas will have the opportunity to express their preferences on what programs they will support in the future. The equivalent of 64 FTE will be hired as dedicated home and community-based service workers.

5. **[HCBS Case Managers] General:** *Will the zones hire Direct Care Associates or Case Managers?*

Direct Care Associates currently employed by a county social services office will transition into a role with the zone. Supervision would be provided by the zone director or their designee. There will be 64 HCBS case manager positions hired by the state, including the supervisory roles.

6. **[HCBS Case Managers] General:** *Could the HCBS case management be streamlined to be more efficient, some focused on SPED, some on waiver, some of BCAP?*

The further specialization of case managers in program areas is another possible advantage of state employment, and these ideas could be explored in the future.

7. **[HCBS Case Managers] Private pay and county-funded services:** *Will we continue to serve private pay clients? If not, will the zone be allowed to help them? What will happen to county-funded clients?*

All locally provided services will continue under SB 2124 either by transitioning to the zone or the state for administration. Note that in addition, given the expansions of state-administered services approved by the Legislative Assembly in SB 2012, there are likely some county-funded or county-specific cases that could qualify under the new SPED financial and functional eligibility requirements.

8. **[HCBS Case Managers] Transition to state employment:** *Will I as an HCBS case management supervisor be able to be in a position in the future? Will there be new leadership HCBS leadership positions opening?*

The new statewide team of case managers will require leadership, and it is likely 5-10 individuals will be hired into supervisory roles. All staff will have an opportunity to express interest in entering a supervisory role in the June survey that is distributed. Selection for the roles will then be based on a competitive process.

9. **[HCBS Case Managers] Transition to state employment:** *If I am 100% dedicated to a program (e.g., HCBS), but only work 32 hours a week, will I have to move to 40 hours? If I am less than full-time, do I get the benefits the full-time staff get (e.g., full health insurance)?*

The state considers full time employment to be 40 hours a week. A 32-hour-a-week employment would be part time as a 0.75 full-time-equivalent role.

If a staff member is at a 0.5 full-time-equivalent position or higher, they are eligible for full benefits.

10. **[HCBS Case Managers] Transition to state employment:** *If we have 2 FTE and 1 part-time HCBS, will the part-time Case Manager who has seniority get full time hours and the lower seniority Case Manager lose hours?*

The expectation is that whoever moves into one of the 64 HCBS case management roles with the state will have a full-time job. The caseload, then, will not be based on seniority.

11. **[HCBS Case Managers] Transition to state employment:** *Will we [HCBS Case Managers] be exempt or non-exempt? Will other state roles be exempt or non-exempt? Would there be the option to work overtime hours? Who will approve overtime?*

It is unknown at this time which positions will be exempt versus non-exempt. Once job descriptions are finalized that determination will be made. Supervisors will have the ability to approve/deny overtime based on business need.

12. **[HCBS Case Managers] Transition to state employment:** *Will we get paid CEUs and license?*

Yes, HCBS case managers are required to be licensed social workers; therefore, cost of license would be covered by the state. DHS would offer opportunities to obtain the necessary CEUs.

13. **[HCBS Case Managers] Transition to state employment:** *What will my job description look like as an HCBS case manager?*

HCBS case managers will be expected to provide all current HCBS case management functions for state and federal programs (i.e., SPED, Ex-SPED, Medicaid waivers, Medicaid state plan personal care, basic care, AFC licensing). County administered HCBS duties will be part of a transition plan to ensure continuation of services.

14. **[HCBS Case Managers] Aging and Disability Resource Link:** *Can I apply for the ADRL position? Will these positions require a degree? Would they be all full time, or would some operate part-time? If a person does HCBS in a zone, and then gets transferred as state employee, could a person apply for one of the 5 ADRL positions that will end up being offered?*

There is an opportunity to express interest for the ADRL positions in the June survey, and as part of a competitive process DHS will consider all who apply for these ADRL positions.

The ADRL positions will require a degree. The job description will likely be written and the position classified by the end of 2019.

Those who would prefer to work part time would not be discouraged from expressing interest in the positions, but most of these 5 FTE slots will likely be filled by employees who work on a full-time basis.

15. **[HCBS Case Managers] Aging and Disability Resource Link:** *Where would the ADRL workers sit?*

The office location of the ADRL workers will depend on who is selected for the job.

- 16. [HCBS Case Managers] Caseloads and territories:** *What will the territories be? Same as zones or dependent on population of zones?*

Caseload will be treated on a state-wide basis. Case managers will be assigned territories based on what is logical and geographically feasible. There will not be a limitation that a case manager would only handle cases from one zone.

- 17. [HCBS Case Managers] Caseloads and territories:** *What will caseload standards be? I handle 25 cases today; once I transfer to the state, will that be considered a full caseload?*

There will be an effort to ensure that caseloads are consistent across case managers, though urban and rural areas may be treated differently for caseload standards due to differences in the geographic coverage required. One of the benefits of SB 2124 is that it provides the opportunity to create this consistency in caseload and also not limit caseload to a specific geography. The caseload standards will likely be higher than 1:25, depending on consumer needs, funding sources, and geographic factors.

- 18. [HCBS Case Managers] Supervision of case managers:** *Will the zonal director be the overseeing agent, or will it continue to be the county director?*

The state will hire case manager supervisors who will be state employees. The supervisors will be part of the 64 hired FTEs and may not be allocated one-to-one with the zone (i.e., multiple zones may have the same supervisor, multiple supervisors may supervise staff within the same zone). The intention is that these supervisors would be drawn from current county social services supervisors, elevated from individual case management staff who show promise for advancement, among other talent pools; these supervisor roles will be competitive. The June survey that is distributed will be an opportunity for county social services staff to express interest in HCBS case management supervisor roles. Zone directors or the zone director's designees will supervise the operations of zone staff; but for those staff who transfer into a role with the state, the zone director will not be their direct supervisor.

- 19. [HCBS Case Managers] Supervision of direct care:** *Who will supervise direct care associates? Could Case Manager continue to supervise county employees?*

It is a long-standing principle in HCBS programs that case management and service provision should be separate if possible ("conflict free case management"). Generally, supervision of direct care associates would shift to become the responsibility of the zone director or the zone director's designee. Transitions of supervisors may occur and be handled on a case-by-case basis.

- 20. [HCBS Case Managers] Billing:** *Billing and funding goes where or to whom [for case management]? Will the billing system be within SAMS or move to another system?*

The case management billing system will remain in MMIS. Reimbursement for case management or services will flow to the entity that provided those services, whether county or state. The state is considering procuring a case management system, and it is yet to be determined whether it will be used for billing functionality.

- 21. [HCBS Case Managers] Program admin:** *Regarding eligibility specialization and DOJ compliant, will DHS also look at the case management audit process?*

The case management audit process is a process that we continue to operate, evaluate, and adjust as needed. While SB 2124 does not specifically address this, it provides more flexibility to make improvements.

- 22. [HCBS Case Managers] Program admin:** *With the new programs, do they plan on opening opportunities in rural communities?*

Building capacity in rural areas is absolutely a priority of the department and we continue to work with providers to improve coverage of service array in rural areas.

- 23. [HCBS Case Managers] Program admin:** *Will HCBS case managers use EVV also as we are QSP as agencies?*

No, case managers are not currently subject to EVV requirements.

24. [HCBS Case Managers] Program admin: *Can VAPS & HCBS share information?*

Once HCBS staff become state employees, if the HCBS case manager is part of the participant's service team arranging for continuation of care, they can share information with the VAPS worker.

25. [HCBS Case Managers] Program admin: *Will HCBS still license Adult Foster Care or whatever the new name for it will be?*

Yes, HCBS Case Managers are currently required to assist with Adult Foster Care licensing and will likely continue.

26. [HCBS Case Managers] Program admin: *Will HCBS case managers follow state or county (zone) policies?*

State employees will follow state policies; though in most cases, zone policies will be consistent with state policies.

27. [HCBS Case Managers] Program admin: *If the SPED sliding fee schedule changes – and the medical deductions also change – this will likely bring in more clients; is the state ready for this or are there talks about a change in the staffing need / Case manager to client ratio?*

We understand and expect that home and community-based service utilization will grow. We will manage caseload and staffing levels accordingly.

28. [HCBS Case Managers] Program admin: *Are we doing a pilot?*

Maybe. Currently the Aging and Disability Resource Link intake process is being considered for a pilot process.

29. [HCBS Case Managers] Program admin: *Do local authorities know about emergency respite (police, etc.)?*

In some cases, yes, in some no. We continue to work to educate and promote awareness of this valuable service.

30. [HCBS Case Managers] Impact on private providers: *Will there be any changes to private (agencies) case management providers?*

There should be no change. Recipients of services under the Medicaid waiver and state plan services have a free choice of providers under Medicaid law and that will continue.