**Department of Health Care Finance**

**Conflict-Free Case Management Provider Decision Form**

In order to ensure compliance with the Centers for Medicare and Medicaid (CMS) regulations governing conflict-free standards for the delivery of case management in its Home and Community-Based regulations, DHCF is requiring that each entity described in the rule notify DHCF of its election to continue or discontinue providing case management services within sixty (60) days (by September 1, 2015) of the effective date of these rules.

***Decision must be submitted to*** DHCFLTCAProvider@dc.gov ***by September 1, 2015.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Provider Name] will (*select one*)

* Continue providing case management services.
* Discontinue providing case management services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Print Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date]

An entity that chooses to discontinue case management services shall submit a transition plan (see attached template) to DHCF within ninety (90) days (by October 1, 2015) of the effective date of these rules and shall cooperate with DHCF to effectuate the orderly and timely transition of its enrollees to other case management providers that meet the conflict-free case management standards.

***Transition Plan Templates must be securely submitted to*** DHCFLTCAProvider@dc.gov ***by October 1, 2015.***

Department of Health Care Finance

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