

Avoiding Conflicts of Interest Between Aging and Disability Resource Centers and Managed Care Organizations

Participants in Wisconsin's long term care programs need unbiased information in order to exercise the freedom of choice that is the foundation of the state's long term care reform effort. From the earliest planning for Family Care, it has been a struggle to define an adequate "firewall" between the MCO and the agency that does eligibility and enrollment counseling. ADRCs must perform their responsibilities without influencing consumer choice or eligibility in a manner that gives preference to, or discourages use of, any MCO or any program of long-term care. The IRIS Independent Consultant Agency (ICA) must also operate in a manner free of conflicts of interest. Separation between the MCO or ICA and the ADRC is both a state and a federal expectation.

Conflict of Interest Policies and Procedures

1. All ADRCs, MCOs and the ICA must have written conflict of interest policies and procedures to ensure the independence of options counseling, enrollment counseling, disenrollment counseling and advocacy provided by ADRC staff.
2. When an MCO subcontracts for care management services from a county that also operates an ADRC or when an ADRC is located in a building that also houses an MCO or care management staff subcontracted to an MCO, the conflict of interest policies must specifically address conflicts that may potentially arise from these situations. The county department employing the subcontracted care managers must also have a conflict of interest policy that specifically addresses the situation.
3. ADRC, MCO, ICA and any subcontracted care management staff must be trained on conflict of interest policies and procedures relating to their areas of responsibility and understand how these apply to their interactions with customers and staff.
4. ADRC, MCO, ICA and any subcontracted care management staff must sign a statement that they have reviewed and understand their organization's conflict of interest policy and acknowledge the obligation of ADRC staff to be objective, consumer-centered and independent of the MCO or ICA.
5. Compliance with conflict of interest policies and procedures shall be included in quality monitoring by the ADRC, MCO, ICA and Department.
6. ADRCs, MCOs and ICA must collaborate with each other to provide a good customer experience.
7. The Department will have a process for reviewing and approving ADRC, MCO and ICA conflict of interest policies and procedures.

Co-Location

1. An ADRC may be located in the same building as an MCO or county care management staff subcontracted to an MCO.
2. Any ADRC and MCO or subcontracted care management services that are located in the same building must be clearly identified and physically separate.
 - a. The ADRC and MCO or care management unit must be identified separately on any signs or building directories.
 - b. The ADRC and MCO or care management unit may not use the same office space, receptionist or telephone number and must be perceived as separate by the public.
3. Exceptions may be permitted on a case-by-case basis. The Department will have a process for reviewing and approving exceptions.

Subcontracting Care Management to the Same Agency that is Responsible for the ADRC

1. MCOs may subcontract with county human service departments for provision of care management services. Ideally, the ADRC will not be part of the same agency that employs the care management staff.
2. The Department encourages separate supervision and management of the ADRC and care management staff to the extent possible. At a minimum, direct supervision of ADRC and subcontracted care management staff should be performed by different people.
3. ADRC staff may not also perform care management functions for or under contract to an MCO.
4. The ADRC governing board/advisory committee may not oversee the contracted care management function.
5. The Department may approve arrangements that do not conform to these requirements on a case-by-case basis when the ADRC can demonstrate an adequate “firewall.” For example, an ADRC could be permitted to provide human resource functions like payroll and attendance for the subcontracted care managers, so long as the care management policy and clinical work is directed solely by the MCO. The Department will have a process for reviewing and approving such exceptions.