| **Question/Attribute** | **1915(c)** | **1915(i)** | **1915(j)** | **1915(k)** | **1115** | **1905(a)** | **BIP** | **MFP** | **Health Homes** | **PACE** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicable law** | Section 1915(c) of the Social Security Act | Section 1915(i) of the Social Security Act – especially 1915(i)(1)(E) | Section 1915(j) of the Social Security Act | Section 1915(k) of the Social Security Act | Section 1115 of the Social Security Act | Section 1905(a) of the Social Security Act | Section 10202 of the Affordable Care Act (2010) | Section 6071 of the Deficit Reduction Act (2005)Section 2403 of the Affordable Care Act (2010) | Section 1945 of the Social Security ActSection 2703 of the Affordable Care Act (2010) | Section 4802 of the Balanced Budget Act (1997) |
| **Applicable rule; COI** | COI: 42 CFR 441.301(c)(1)(vi) | COI: 42 CFR 441.730(b) | Overall: 42 CFR 441.450-484 COI: 441.460 and 441.468d | Overall: 42 CFR 441.500-590COI: 441.555(c) | Overall: 42 CFR 431.400-428Nothing specific to COI | No applic-able rule | No applicable rule | No applicable rule | No applicable rule | [CFR Title 42, Chapter IV, Subchapter E, Part 460](http://www.cms.gov/Medicare/Health-Plans/pace/downloads/finalreg.pdf) |
| **Other technical guidance** | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services-1915-c.html)1915(c) Waiver Technical Guide v 3.5 | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services-1915-i.html) | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/self-directed-personal-assistant-services-1915-j.html) | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/self-directed-personal-assistant-services-1915-j.html) | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/self-directed-personal-assistant-services-1915-j.html) | None | [Implementation Manual](http://www.balancingincentiveprogram.org/resources/revised-balancing-incentive-program-implementation-manual)[Design Elements](http://www.balancingincentiveprogram.org/resources/what-design-elements-does-conflict-free-case-management-system-include) | [Medicaid.gov](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/money-follows-the-person.html) | [Medicaid.gov](http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/guide-to-health-homes-design-and-implementation.html) | [PACE Manual](http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019036.html?DLPage=2&DLSort=0&DLSortDir=ascending)[PACE Resource Mailbox](https://dmao.lmi.org/dmaomailbox/dmaopaceHome.aspx) |
| **Can the entity responsible for establishing functional eligibility overlap with the entity responsible for case management?** | Yes | Yes | If permitted in services to which (j) applies. | NOT APPLICABLE | See requirements of authority in which service(s) originated | Yes | Yes | Yes | Yes | Yes |
| **Can the entity responsible for establishing functional eligibility overlap with the entity that provides services?** | No | No | Yes, but requires safe-guards be in place and other require-ments met | No, unless certain circumstances in 441.555(c) are met  | See requirements of authority in which service(s) originated | Yes | Yes, if [mitigation strategies](http://www.balancingincentiveprogram.org/resources/what-are-some-examples-mitigation-strategies-conflict-free-case-management) are in place | Yes | Yes | Yes, while the State Administering Agency must assess potential participants for NF LOC, PACE staff assess the individual’s ability to be cared for in the community [42 CFR §§ 460.70, 460.152(a)] |
| **Can the entity responsible for case management overlap with an entity that provides services?** | No | No | If permitted in services to which (j) applies | NOT APPLICABLE | See requirements of authority in which service(s) originated | Yes | Yes, if [mitigation strategies](http://www.balancingincentiveprogram.org/resources/what-are-some-examples-mitigation-strategies-conflict-free-case-management) are in place | Yes, but “risk mitigation” strategies are required in a person-centered and self-directed service plan (8,B,v) | Yes | Yes |
| **In order to permit overlap, is there a requirement that the eligibility or case management entity be the only willing and qualified provider?** | Yes | Yes | Only if required for authorities in which services originate. | Yes | See requirements of authority in which service(s) originated | No | No, but CMS emphasizes the need for mitigation strategies in [rural areas](http://www.balancingincentiveprogram.org/resources/how-does-cms-envision-conflict-free-case-management-will-look-rural-environment-few-provid) with few providers | No | No | No |
| **Managed care provisions** | Can be combined with 1915(b) waiver authority; CMS developing additional guidance specific to COI under managed care | Can be combined with 1915(b) waiver authority; CMS developing additional guidance specific to COI under managed care | 1915(j) acts as an "overlay" on personal care/ attendant services in 1915(c) or State Plan personal care – relevant managed care provisions activated (e.g., for 1915(b)/ (c)) | Can be combined with 1915(b) waiver authority; CMS developing additional guidance specific to COI under managed care | Often used to implement Medicaid managed care | Can be included as services in state managed care plans. | Need for mitigation strategies in [managed care environments](http://www.balancingincentiveprogram.org/resources/how-does-cms-envision-conflict-free-case-management-will-look-managed-care-system) if there is overlap across functions | No | Questions 17 and 18 of [FAQs](http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-homes-faq-5-3-12_2.pdf) presents acceptable models | PACE orgs. must have policies for handling conflict of interest across the governing body and contractors [(42 CFR § 460.68(b)] |
| **Firewalls between functions permissible?** | Yes, if only one willing and qualified entity is also provider and CMS approves safeguards proposed by state | Yes, if only one willing and qualified is also provider and CMS approves safeguards proposed by state | Requires that the state describe the safe-guards in place to ensure that the provider’s role in the planning process is fully disclosed to the participant and that controls are in place to avoid a conflict of interest. | Yes, if the only willing and qualified provider to perform assessment of functional need and develop person centered plans in a geographic area also provides HCB services and the state devises conflict of interest provisions. | See requirements of authority in which service(s) originated | See requirements of additional authority in which service is authorized | Yes | Yes | Yes | No |
| **Grievance process; dispute resolution for COI issues** | Dispute resolution when COI present: 42 CFR 441.301(c)(1)(vi)If operated with concurrent 1915(b) managed care authority, also requirements at 42 CFR 438 Subpart H (see especially 438.58) | Dispute resolution when COI is present: 42 CFR 441.730(b)(5)If operated with concurrent 1915(b) managed care authority, also requirements at 42 CFR 438 Subpart H (see especially 438.58) | 464(d)(v), and additional requirements depend on services to which (j) applies. | 42 CFR 441.555(c)(5)  | Nothing mandatory beyond Fair Hearing requirements at 42 CFR 431 Subpart E | If only in State Plan, nothing mandatory beyond Fair Hearing requirements at 42 CFR 431 Subpart E.If included in waivers or State Plan options, requirements there apply. | Yes, design elements 4 and 5 | No | No | 42 CFR 460.120 |
| **State oversight: Specific to COI and/or general requirements that would include COI** | 42 CFR 441.302 (assurances) | 42 CFR 441.745 (state reponsibili-ties & quality improvement) | 42 CFR 444.464 (assurances)  | 42 CFR 441.570 (assurances) and 441.585 (Quality Assurance System) |  | General: 42 CFR 431 | Yes, design elements 3 and 6 | Yes, state approval of plan of care; quality assurance | No, but reporting of quality measures is required | Yes, State Administering Agency must approve the Quality Assessment and Performance Improvement (QAPI) plan; State Administering Agency and CMS monitor/con-duct audits |
| **Stakeholder involvement in program development, operation or oversight** | 42 CFR 441.304(f) regarding new waivers and any substantive changes to existing waivers. | General requirements for stakeholder input: 431.12 – MCAC;  | Nothing specific to COI; see requirements for authorities to which 1915(j) applies. | Nothing specific to COI, but see 441.575 for requirements of CFC Implementation Council  | 42 CFR 431.408 | Nothing specific to COI;431.12 for consumer participation in medical care advisory committee (MCAC)SMDL #02-007 (ways to involve stake-holders) | Yes, design element 9 | No | No, but program must be developed in collaboration with the Agency on Aging and  | No |