Conflict-Free Case Management in Home- and Community-Based Services

State of Vermont

Agency of Human Services

This presentation…

- Summarizes the concept of conflict-free case management,
- Details CMS expectations regarding conflict-free case management,
- Describes HCBS programs offered by Vermont Medicaid, and
- Outlines the next steps the State is taking to ensure compliance.

Home- and Community-Based Services Rule

- January 16, 2014: the Centers for Medicare and Medicaid Services (CMS) issued final regulations on home- and community-based services (HCBS) requirements (79 FR 2947).
  - Supports enhanced quality in HCBS programs
  - Outlines person-centered planning practices
  - Promotes participation in community
  - Ensures people receive services in the most integrated setting of their choice
- Includes a requirement that case management be provided without undue conflict of interest.

What is conflict-free case management?

- Definition: a real or seeming incompatibility between the private interests and the official responsibilities of a person in trust.
  - In other words: a conflict of interest is when a person has competing influences that could affect a decision or action.
- Federal rule requires that HCBS programs use a person-centered planning process.
  - Includes ways to solve conflict or disagreement.
  - HCBS providers may not provide case management to or develop the person-centered service plan for people receiving services.**
- **CMS allows for an exception to the rule above when the State demonstrates that there is not other willing and qualified entity.

Other Applicable Regulations

- 42 CFR § 431.10 State Medicaid Agency
  - Requires that the State Medicaid Agency be responsible for eligibility determinations and eligibility determination can only be delegated to another governmental agency.
  - This refers to Medicaid eligibility determinations; not service authorization
- 42 CFR 441.730(b) Conflict of Interest Standards
  - Gives more detail on what CMS sees as a potential conflict of interest:
    - Family relationships
    - Financial responsibility
    - Ability to make health- or financially-related decisions for a person

Examples of Conflict of Interest

1. Self-referral:
   - An organization provides both case management and direct services. There are two other organizations that could serve people. The case manager has a potential incentive to refer people to services within his/her own organization as opposed to an outside agency that could be a better fit in terms of services provided or location.
2. Quality Oversight:
   - In the same situation as above, due to the case manager needing to assess the performance of coworkers, there is also potential for conflict of interest for the case manager in ensuring that supports and services are being provided in a high-quality manner in accordance with the service plan.
3. Steering:
   - A case manager may, due to their conscious or unconscious opinion on the best interest of a beneficiary, steer towards or away from certain providers or services, which could artificially limit the available pool of providers or set of available services.

General Solutions

1. Robust laws and regulations in support of individual choice and the person-centered planning process.
2. Uniform assessment and referral tools and procedures to ensure equal treatment across providers.
3. Ongoing quality oversight and monitoring by state staff, including the use of corrective action plans as needed.
4. Separation of case management providers from direct service providers through internal organization structure (firewalls, supervision structure, secondary reviewers, etc.) or by requiring separate organizations to perform the tasks.
5. Payment reform and service delivery approaches that promote person-centered planning and quality outcomes as opposed to a fee-for-service concept where providers are reimbursed for each service provided.
6. Payment reform and service delivery approaches which do not incentivize providers to seek out or avoid certain people due to their needs.
7. Creation or recruitment of new case management or direct service providers.

Note: This is not a comprehensive list of ways to resolve potential conflicts

Vermont HCBS Programs

The Agency of Human Services (AHS) has been progressive in pursuing a home- and community-based continuum of care that offers:

- Meaningful community integration, choice, and self-direction.
- Strives to promote health, wellness, and improved quality of life.

The following HCBS-like programs are authorized through the 1115 Global Commitment to Health waiver:

- Choices for Care
- Developmental Disabilities Services Program
- Traumatic Brain Injury Program
- Community Rehabilitation and Treatment
- Enhanced Family Treatment

History and Next Steps

- Goal: ensure compliance with federal regulations described previously (compliance may have different meanings depending on the program).
- 2016: AHS asked CMS for guidance on how to best ensure compliance with person-centered planning requirements.
- Using information from the assessment, AHS is doing a 2-phase stakeholder engagement process:
  - Phase I:
    1. Provide stakeholders with info on federal requirements and current status of HCBS programs. AHS is not proposing and changes during this phase.
    2. Collect feedback from stakeholders, including possible changes, if any.
  - Phase II:
    1. Based on the assessment and stakeholder feedback, provide stakeholders with potential changes, if any, to resolve or mitigate any identified conflicts.
    2. Collect feedback from stakeholders.
    3. Conduct public notice and collect formal comments.

Choices for Care Program

Department Of Disabilities, Aging, And Independent Living (DAIL)

Adult Services Division (ASD)

Choices for Care (CFC) Program

- CFC High and Highest Needs:
  - Provides a package of long-term services and supports to Vermonters who are age 18 years and over and have a need related to aging or physical disability.
  - People typically require extensive or total assistance with activities of daily living, and they choose where to receive their services:
    - In their home
    - In their family's home
    - Adult Family Care home
    - Enhanced Residential Care
    - Nursing facility
- CFC "Moderate Needs" services provide a limited amount of funding for people with lighter needs in a home-based setting.

CFC High/Highest Case Management Assessment

CFC High and Highest Needs Case Management Assessment							Scope	
Provider Type	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps Manage Budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People Receiving Direct HCBS Services
HHA 1	Yes	No	Yes	No	Yes	No	197	81
HHA 2	Yes	No	Yes	No	Yes	No	128	27
HHA 3	Yes	No	Yes	No	Yes	No	102	46
HHA 4	Yes	No	Yes	No	Yes	No	88	47
HHA 5	Yes	No	Yes	No	Yes	No	88	36
HHA 6	Yes	No	Yes	No	Yes	No	77	45
HHA 7	Yes	No	Yes	No	Yes	No	51	23
HHA 8	Yes	No	Yes	No	Yes	No	80	43
HHA 9	Yes	No	Yes	No	Yes	No	160	83
HHA 10	Yes	No	Yes	No	Yes	No	3	3
AAA 1	Companion	No	Yes	No	Yes	No	285	0
AAA 2	Companion	No	Yes	No	Yes	No	231	0
AAA 3	Companion	No	Yes	No	Yes	No	121	0
AAA 4	Companion	No	Yes	No	Yes	No	90	0
AAA 5	Companion	No	Yes	No	Yes	No	83	0

HHA = Home Health Agency; AAA = Area Agency on Aging; AFC = Adult Family Care; ISO = Intermediary Services Org.

CFC High/Highest Case Management Assessment, continued

CFC High and Highest Needs Case Management Assessment							Scope	
Provider Type	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps Manage Budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People Receiving Direct HCBS Services
AFC 1	Yes	No	Yes	No	Yes	No	6	6
AFC 2	Yes	No	Yes	No	Yes	No	11	11
AFC 3	Yes	No	Yes	No	Yes	No	5	5
AFC 4	Yes	No	Yes	No	Yes	No	4	4
AFC 5	Yes	No	Yes	No	Yes	No	28	28
AFC 6	Yes	No	Yes	No	Yes	No	1	1
AFC 7	Yes	No	Yes	No	Yes	No	2	2
AFC 8	Yes	No	Yes	No	Yes	No	5	5
AFC 9	Yes	No	Yes	No	Yes	No	14	14
AFC 10	Yes	No	Yes	No	Yes	No	26	26
AFC 11	Yes	No	Yes	No	Yes	No	1	1
AFC 12	Yes	No	Yes	No	Yes	No	21	21

AFC = Adult Family Care

CFC Moderate Needs Case Management Assessment

CFC Moderate Needs Case Management Assessment							Scope	
Provider Type	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps Manage Budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People Receiving Direct HCBS Services
HHA 1	Yes	No	Yes	No	Yes	No	233	69
HHA 2	Yes	No	Yes	No	Yes	No	138	130
HHA 3	Yes	No	Yes	No	Yes	No	103	96
HHA 4	Yes	No	Yes	No	Yes	No	94	88
HHA 5	Yes	No	Yes	No	Yes	No	64	51
HHA 6	Yes	No	Yes	No	Yes	No	66	35
HHA 7	Yes	No	Yes	No	Yes	No	64	51
HHA 8	Yes	No	Yes	No	Yes	No	52	40
HHA 9	Yes	No	Yes	No	Yes	No	87	72
AAA 1	No - ISO	No	Yes	No	Yes	No	134	0
AAA 2	No - ISO	No	Yes	No	Yes	No	110	0
AAA 3	No - ISO	No	Yes	No	Yes	No	109	0
AAA 4	No - ISO	No	Yes	No	Yes	No	85	0
AAA 5	No - ISO	No	Yes	No	Yes	No	72	0

HHA = Home Health Agency; AAA = Area Agency on Aging; AFC = Adult Family Care; ISO = Intermediary Services Org.

Current Areas of Potential Conflict

All 9 HHAs provide both case management and direct services.

All 12 AAs provide case management and service coordination as a part of the Adult Family Care bundled service.

All 9 HHAs and 12 AAs develop the Person-Centered/ Individualized Care Plan.

HHA Case Managers provide training and supervision of direct support staff.

All 9 HHAs manage the Moderate Needs Waitlist and provide direct services.

All 5 AAAs are authorized to provide Companion services through the Senior Companion Program. (Though none are currently utilizing this option.)

CFC Consumer Survey Data

Survey data from the 2018 National Care Indicators for Aging & Disabilities will be available early 2019.

2015 Vermont LTC Consumer Survey Report for CFC High/Highest needs:

- 95% of respondents were satisfied with AAA or HHA case management services.
- 88% of respondents had a part in planning for their services.
- 88% of respondents said their AAA or HHA case manager coordinated services to meet their needs.
- 87% of respondents said that that their AAA or HHA case manager asked them what they want.

Current Prevention and Mitigation of Conflict

1. All new applicants to the Choices for Care High/Highest program are seen by a State Long-Term Care Clinical Coordinator and given the option to choose the setting in which they would like to receive their services.
2. People who choose the home-based option are given the choice between the AAA or HHA for case management services.
3. People who choose the home-based option are given the choice of the flexible choices option, agency directed or consumer/surrogate directed services.
4. People who choose the home-based option are given the choice to attend Adult Day Programs.
5. People who choose Adult Family Care choose their AFC services provider.
6. Moderate Needs applicants are also asked to choose between the AAA or HHA case management agency and may change their choice at any time.

Current Prevention and Mitigation of Conflict, continued

7. Once on the program, each participant has the right to change their case management or AFC service provider at any time.
8. All new applicants are provided with the Long-Term Care Ombudsman information in the event that they need help resolving a complaint.
9. Each AAA and HHA case management agency is subject to regular quality review and certification visits.
10. Adult Family Care providers are subject to a quality review and must follow AFC Standards.
11. Person-centered planning and conflict of interest requirements are detailed in guidance and rule.
12. The Adult Services Division may identify conflict of interest during the regular quality review process or during a complaint, appeal, or critical incident review, which may require a corrective action plan.

Discussion and Feedback

Developmental Disabilities Services Program

Department Of Disabilities, Aging, And Independent Living (DAIL)

Developmental Disabilities Services Division (DDSD)

Developmental Disabilities Services (DDS)

- Provided to people with developmental disabilities (Intellectual Disability and/or Autism Spectrum Disorder)
- The DDS program offers an array of long-term services and supports, including:
  - Service Coordination
  - Community Supports
  - Employment Supports
  - Residential Support
  - Crisis Support
  - Clinical Interventions
  - Supportive Services
  - Transportation
  - Respite

DDS Case Management Assessment

Case Management Assessment								Scope (FY19)	
Provider	Direct HCBS Services Provided?	Assesses Clinical Eligibility and Needs?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People receiving Direct HCBS Services
DA 1	Yes	Yes	No	Yes	No	Yes	Rep. Payee	130	130
DA 2	Yes	Yes	No	Yes	No	Yes	Rep. Payee	698	698
DA 3	Yes	Yes	No	Yes	No	Yes	Rep. Payee	236	236
DA 4	Yes	Yes	No	Yes	No	Yes	Rep. Payee	93	93
DA 5	Yes	Yes	No	Yes	No	Yes	Rep. Payee	249	249
DA 6	Yes	Yes	No	Yes	No	Yes	Rep. Payee	325	325
DA 7	Yes	Yes	No	Yes	No	Yes	No	235	235
DA 8	Yes	Yes	No	Yes	No	Yes	Rep. Payee	152	152
DA 9	Yes	Yes	No	Yes	No	Yes	Rep. Payee	204	204
DA 10	Yes	Yes	No	Yes	No	Yes	Rep. Payee	247	247
SSA 1	Yes	No	No	Yes	No	Yes	Rep. Payee	80	80
SSA 2	Yes	No	No	Yes	No	Yes	Rep. Payee	70	70
SSA 3	Yes	No	No	Yes	No	Yes	Rep. Payee	80	80
SSA 4	Yes	No	No	Yes	No	Yes	Rep. Payee	70	70
SSA 5	Yes	No	No	Yes	No	Yes	Rep. Payee	67	67
SISO	No	No	No	Yes; supports	No	Yes; supports	No	82	82

DA = Designated Agency; SSA = Specialized Service Agency; SISO = Supportive Intermediary Service Organization

Current Areas of Potential Conflict

All 15 DAs and SSAs provide both case management and direct services. Only the SISO does not.

All 15 DAs and SSAs develop the plan of support.

The 10 DAs conduct the initial assessment of need and develop proposed level of funding to meet need.

The 10 DAs and 5 SSAs conduct periodic reviews of need and adjust level of funding to meet need.

The 10 DAs provide information on the person's choices of agency providers and the options for management.

DDS Consumer Survey Data

National Core Indicators (NCI) are standard measures used across states to assess the outcomes of services provided to individuals and families.

Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

2017 NCI survey results show adults (age 18 and over) receiving DDS home and community-based services expressed the following:

84% – Proportion of people who regularly participate in integrated activities in their communities (went shopping, on errands, for entertainment, out to eat).

DDS Consumer Survey Data, continued

- 89% – Proportion of people who make choices about their everyday lives (residence, work, day activity, staff, roommates).
- 66% – Proportion of people who make decisions about their everyday lives (daily schedule, how to spend money, free time activities).
- 50% – Proportion of people who do not have a job in the community but would like to have one.
- 5% – Proportion of people who were reported to be in poor health.
- 63% of the people said they were able to choose services they get as part of their service plans
- 76% said their service coordinator asked them what they want.

Current Prevention and Mitigation of Conflict

- Vermont law requires in part that people with developmental disabilities can:
  - "make choices which affect his or her life," and
  - receive "complete information about the availability, choices, and costs of services, how the decision-making process works, and how to participate in that process."
- DAs are required by regulation to provide information in an unbiased manner about choice of provider and management options.
- The Individual Support Agreement guidelines require the person-centered planning process and allows a person/guardian to include anyone they like to participate in the planning process and attend the meeting to develop the plan.

Current Prevention and Mitigation of Conflict, continued

- A Quality Management Team monitors and reviews the quality of services provided.
  - This includes an assessment of agencies' provision of service options and everyday choices to people who receive services.
- Individuals have the option of choosing an agency other than the DA to provide services or to self/family or share manage their services.
- The statewide Equity Committee reviews all proposals and makes recommendations about funding using the DDS System of Care Plan.
- Grievance and appeals regulations outline the process for resolving disagreements, disputes, or complaints about service delivery.

Discussion and Feedback

Traumatic Brain Injury Program

Department Of Disabilities, Aging, And Independent Living (DAIL)

Adult Services Division (ASD)

Traumatic Braid Injury (TBI) Program

- Provides rehabilitation and life skills services to help Vermonters with a moderate-to-severe traumatic brain injury live successfully in community-based settings.
- Rehabilitation-based
- Choice-driven
- Helps people achieve optimum independence
- Helps people return to work

TBI Case Management Assessment

Case Management Assessment							Scope	
Provider	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People receiving Direct HCBS Services
1	Yes	No	Yes	No	Yes	No	23	23
2	Yes	No	Yes	No	Yes	No	1	1
3	Yes	No	Yes	No	Yes	No	5	5
4	Yes	No	Yes	No	Yes	No	2	2
5	Yes	No	Yes	No	Yes	No	6	6
6	Yes	No	Yes	No	Yes	No	7	7
7	Yes	No	Yes	No	Yes	No	2	2
8	Yes	No	Yes	No	Yes	No	3	3
9	Yes	No	Yes	No	Yes	No	27	27
10	Yes	No	Yes	No	Yes	No	1	1

Current Areas of Potential Conflict

- TBI Providers provide case management as well as other direct services to individuals.
- TBI Providers develop the support plan.
- TBI Provider case managers supervise and train direct support staff.
- TBI Providers contract with home providers for shared living supports.

TBI Consumer Survey Data

Coming soon!

Data from the National Core Indicators survey will be available in early 2019.

Current Prevention and Mitigation of Conflict

The TBI Provider Manual currently instructs providers to focus on eight person-centered quality outcomes

Respect	Self Determination	Person-Centered Practices	Independent Living	Relationships	Community Participation	Well-Being	Communication

All new applicants are asked by the State to choose a TBI provider. Participants may change providers at any time.

Participants are active in interviewing and choosing a case manager, home provider and direct staff.

Current Prevention and Mitigation of Conflict, continued

The Quality Review (QR) process has been developed by the Adult Services Division (ASD) in collaboration with service providers, individuals, and family members.

Other steps supported by the quality review team include:

- monitoring and follow-up of agency certification,
- program eligibility,
- housing safety and accessibility,
- monitoring of critical incident reports,
- training and other technical assistance.

TBI Providers are required to follow grievance and appeals policies outlined by DAIL.

The State works with participants and TBI Providers to develop the appropriate budget to meet the participants needs.

The Individual Support Plan Guidelines allow the participant/guardian to include anyone they want to participate in the person-centered planning process to develop their Individual Support Plan.

Discussion and Feedback

Children's Intensive Home & Community Based Services (aka EFT)

Department Of Mental Health (DMH)

Child, Adolescent & Family Unit (CAFU)

Intensive Home & Community Based Services (aka EFT)

- Who: children and adolescents who have a primary mental health diagnosis and who are receiving, or who in absence of IHCBS would otherwise require, the level of care provided in an inpatient psychiatric care facility (hospital or residential)
- DA/SSA may create plans of care with an intensive level of support and also expand Medicaid coverage to services beyond State Plan covered services
  - Respite
  - Therapeutic Foster Care or staffed transitional living
  - Clinical consultation and education
  - Specialized evaluations
  - Intensive levels of state plan services

IHCBS Case Management Assessment

Case Management Assessment							Scope: FY18	
Provider	Direct HCBS Services Provided?	Determines Eligibility for IHCBS?	Develops Person Centered/ Individualized Care Plan?	Directs beneficiaries to specific service providers?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People receiving Direct HCBS Services
1	Yes	Yes	Yes	Yes	Yes	No	12	12
2	Yes	Yes	Yes	Yes	Yes	No	0	0
3	Yes	Yes	Yes	Yes	Yes	No	7	7
4	Yes	Yes	Yes	Yes	Yes	No	18	21
5	Yes	Yes	Yes	Yes	Yes	No	11	11
6	Yes	Yes	Yes	Yes	Yes	No	1	1
7	Yes	Yes	Yes	Yes	Yes	No	24	83
8	Yes	Yes	Yes	Yes	Yes	No	1	1
9	Yes	Yes	Yes	Yes	Yes	No	5	5
10	Yes	Yes	Yes	Yes	Yes	No	5	5

Current Areas of Potential Conflict

DA determines eligibility for IHCBS and develops the plan of care for IHCB services with the individual and parent/guardian

DA case manager who develops the plan of care works for same agency as provider of EFT/IHCBS direct services or oversees providers of IHCBS who are external to the DA

DA staff oversee the financial components of IHCBS plan of care provided through the DA or through contract with IHCBS providers external to the DA.

CYFS Consumer Survey Data

The Children and Family Perception of Care Survey is administered bi-annually by the Department of Mental Health alternating years for caregivers and adolescents age 13-17 receiving services from Designated Agencies who are Medicaid enrolled.

This survey is inclusive of youth who receive EFT/IHCBS, but not limited to the IHCBS population

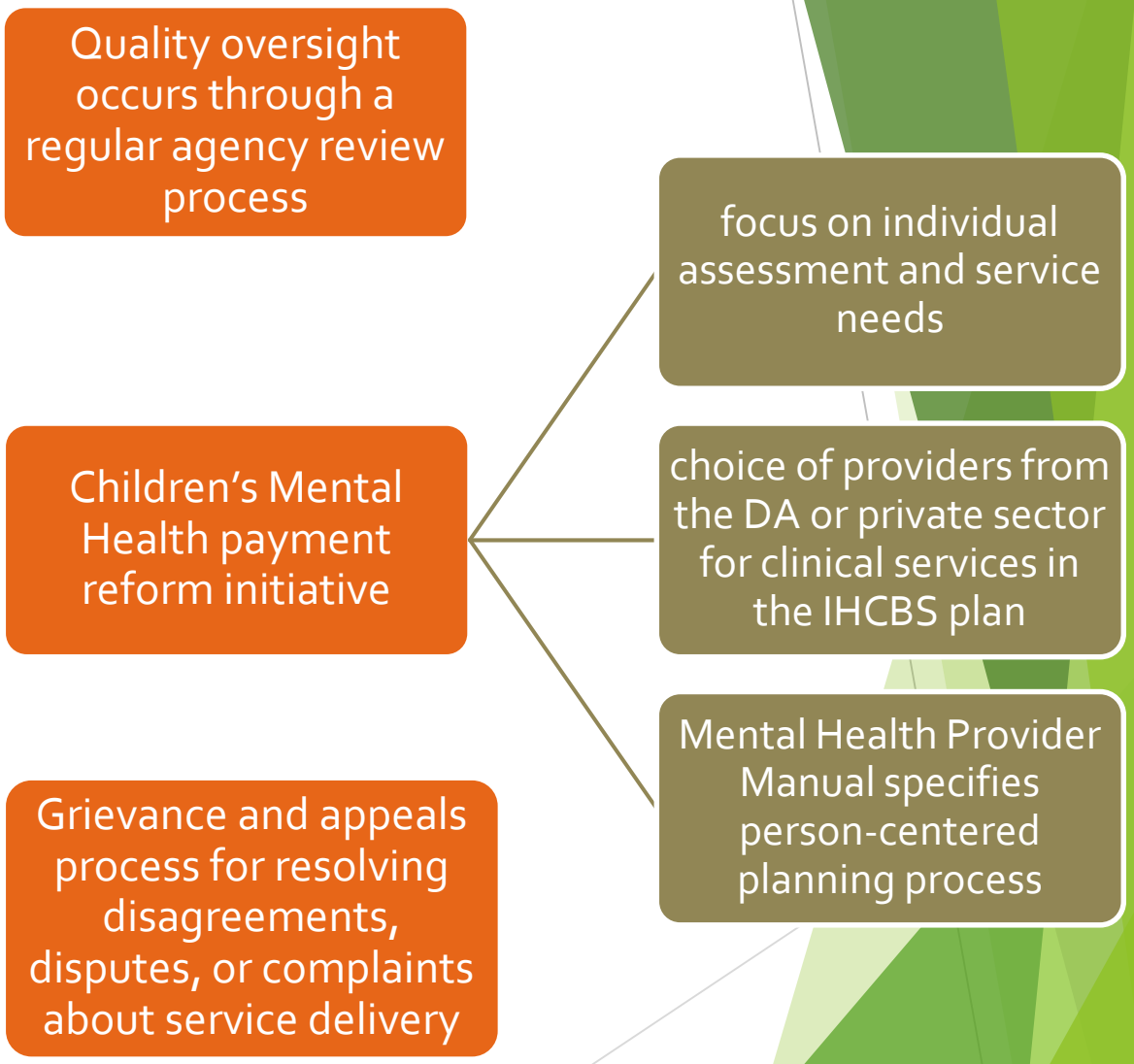
Parent Survey (2014):

1. I helped to choose my child's treatment goals. 85%
2. I helped to choose my child's services. 84%
3. I participated in my child's treatment. 85%
4. The location of my child's services was convenient for us. 92%
5. Services were available at times convenient for us. 86%
8. Staff asked me what I wanted/needed. 81%
24. Staff treated me with respect. 90%

Adolescent Survey (2013):

3. The staff asked me what I wanted/needed. 82%
12. I helped to choose my treatment goals. 82%
13. I helped to choose my services. 68%
14. I participated in my own treatment. 81%
15. I got the help I wanted. 75%
19. The location of my mental health services was convenient. 78%
21. Services were available at a time convenient for me. 78%
24. Staff treated me with respect. 89%

Current Prevention and Mitigation of Conflict



Current Prevention and Mitigation of Conflict

1. Children's Mental Health payment reform initiative
    1. more readily focus on individual assessment and their service needs rather than being limited by program eligibility criteria or billable clinician productivity requirements
2. Individuals and families have a choice of providers from the DA or private sector for clinical services in the IHCBS plan
3. Mental Health Provider Manual identifies IHCBS requirements for person-centered planning process and the need for strategies for solving conflict or disagreement within the process
4. Quality oversight occurs through a regular agency review process
    1. include an assessment of the agencies' provision of service options, person-centered planning, and grievance and appeal process
5. Grievance and appeals regulations outline the process for resolving disagreements, disputes, or complaints about service delivery (Health Care Administrative Rule 8.100).

Discussion and Feedback

Adult Intensive Home & Community Based Services (aka) Community Rehabilitation and Treatment (CRT)

Department Of Mental Health (DMH)

Adult Unit

HCBS Case Management Assessment
CRT

Case Management Assessment							Scope: FY18	
Provider	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Directs beneficiaries to specific service providers?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of people receiving Direct HCBS Services
1	Yes	Yes	Yes	Yes	Yes	No	162	179
2	Yes	Yes	Yes	Yes	Yes	No	177	186
3	Yes	Yes	Yes	Yes	Yes	No	378	400
4	Yes	Yes	Yes	Yes	Yes	No	575	626
5	Yes	Yes	Yes	Yes	Yes	No	113	127
6	Yes	Yes	Yes	Yes	Yes	No	234	253
7	Yes	Yes	Yes	Yes	Yes	No	228	229
8	Yes	Yes					45	47
9	Yes	Yes	Yes	Yes	Yes	No	259	281
10	Yes	Yes	Yes	Yes	Yes	No	137	165
11	Yes	Yes	Yes	Yes	Yes	No	320	343

Current Areas of Potential Conflict

DA determines eligibility for IHCBS and develops the plan of care for IHCB services with the individual

DA case manager who develops the plan of care works for same agency as provider of CRT/IHCB direct services or oversees providers of IHCBS who are external to the DA

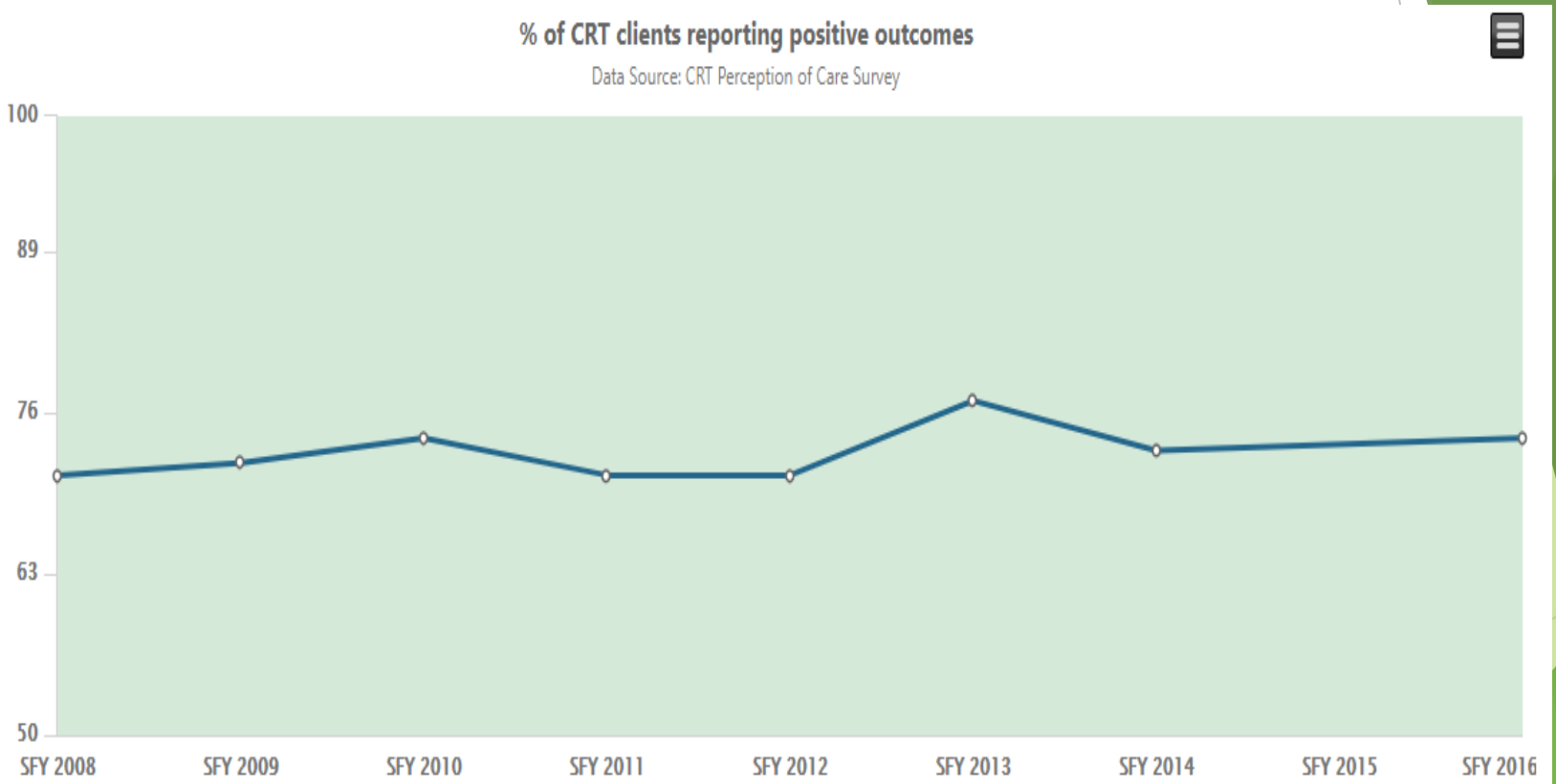
DA staff oversee the financial components of IHCBS plan of care provided through the DA or through contract with IHCBS providers external to the DA.

Client Satisfaction Survey Data

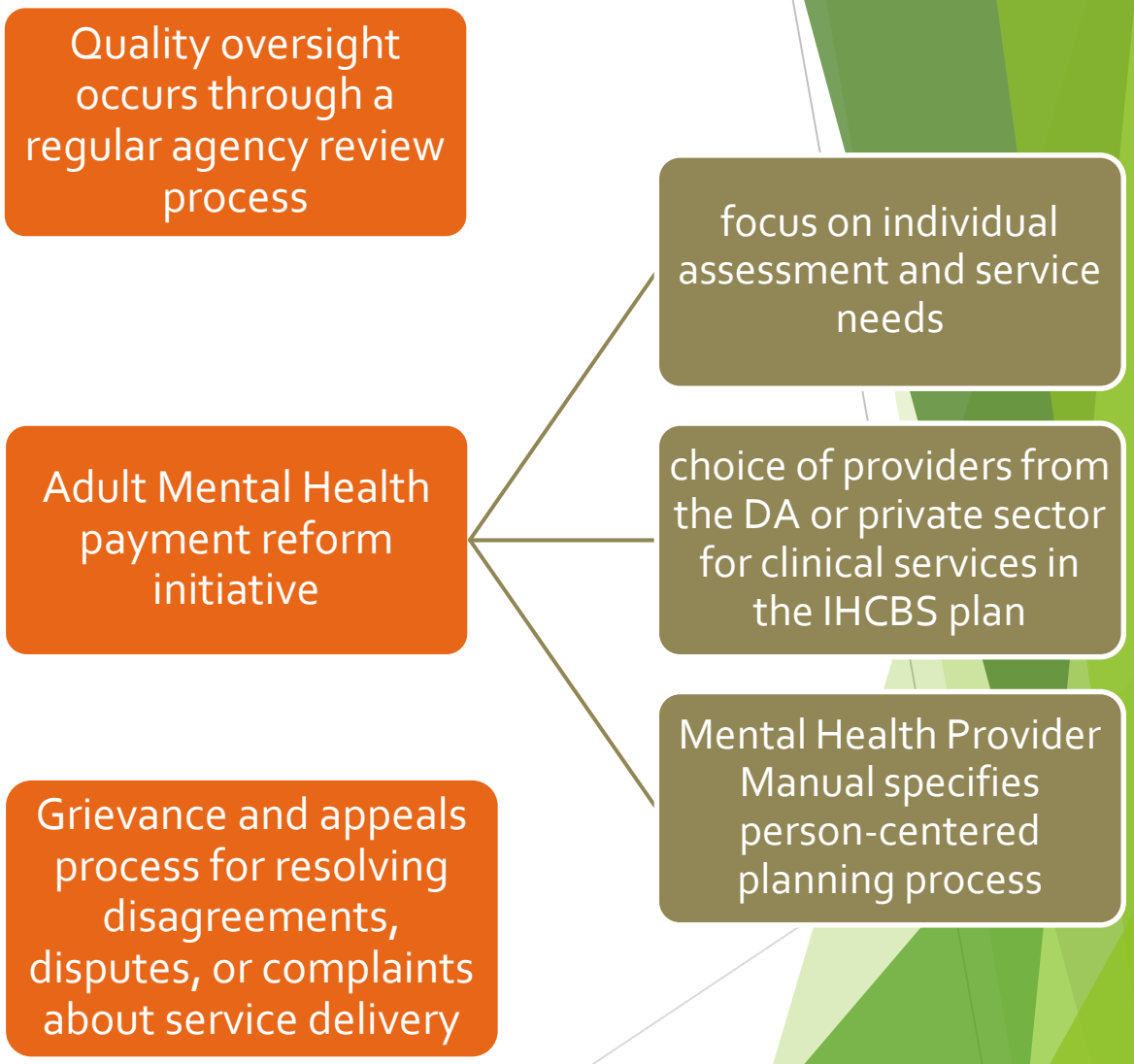
- The “CRT Clients Reporting Positive Outcomes” survey is administered by the Department of Mental Health biennially to CRT clients served by Designated Agencies. See the DMH Results Based Accountability Scorecard: https://embed.resultsscorecard.com/PerfMeasure/Embed?id=101276
- See survey results: https://mentalhealth.vermont.gov/sites/dmh/files/documents/reports/Perception_of_Care%20Full_Report_CRT_070918.pdf

% of CRT clients reporting positive outcomes

CRT Perception of Care Survey



Current Prevention and Mitigation of Conflict



Current Prevention and Mitigation of Conflict

1. Adult Mental Health payment reform initiative
   - more readily focus on individual assessment and their service needs rather than being limited by program eligibility criteria or billable clinician productivity requirements
2. Individuals have a choice of providers from the DA or private sector for clinical services in the IHCBS plan
3. Mental Health Provider Manual identifies IHCBS requirements for person-centered planning process and the need for strategies for solving conflict or disagreement within the process
4. Quality oversight occurs through a regular agency review process
   - include an assessment of the agencies' provision of service options, person-centered planning, and grievance and appeal process
5. Grievance and appeals regulations outline the process for resolving disagreements, disputes, or complaints about service delivery (Health Care Administrative Rule 8.100).

Discussion and Feedback