

Feedback on Options for Addressing Conflict of Interest in Case Management In Developmental Disabilities Services

The feedback provided from the public forums, meetings, and the online survey have been compiled below. The numbers following the comment indicate that number of additional people who made a similar comment. For example: “State assessor there would be conflict – they would try to protect resources. 1” means that 2 people provided this feedback.

Option 1: Separating case management providers from direct service providers:

1. What do you **LIKE** about separating case management providers from direct service providers (Option 1)?
 - Separate could be better. Might be helpful to have someone separate from an agency because there is friction sometimes in the agencies. 4
 - Good to have choices and flexibility. 14
 - Will keep agencies providing services more accountable to quality of services they provide. someone outside of the agency to listen to make sure each individual is heard. 11
 - Don't always get entire range of services offered at all agencies/help to get services. 8
 - The Case Manager can focus more of their time on the consumers on their caseloads. 2
 - Service provider and a case manager are two different positions. Separating them should be an easy task.
 - It eliminates the appearance of conflict of interest for people working in the system.
 - NOT RECOMMENDED.
2. What **CONCERNS** do you have about separating case management providers from direct service providers (Option 1)?
 - Like “one stop shop” easier and better, don't have to explain things over and over and like current services. I am the one who tell case manager what to put in ISA. Who will do that instead? Does not want Case Manager to go away. If it isn't broke, don't fix it. Lack of local input and control. 19
 - Funding required for new agencies, and increase in administrative duties. 35
 - How would this affect case load size. 13
 - Would timelines/efficiency slow down-might cause more frustration waiting for more people to call. Unnecessary layer of bureaucracy is being added. 11
 - Already hard to hire people/workforce issues. 12
 - If you don't know someone, how can you develop an ISA. negative impact of change/relationships. Close working relationship would be jeopardized. 29

- We need clarification on case management definitions according to CMS and according to VT to understand better. 2
- Capacity of quality management staff at State to oversee more organizations (e.g., independent case managers). Increase administration. 1
- Case managers would need to be local and person centered (not calling or skyping from another region or state). 1
- Case managers might have to leave one agency to go to another then they would lose benefits and time they accrued, pay scale of “program manager” (works with direct services) versus “case manager” (separate). 3
- State assessor there would be conflict – they would try to protect resources. 1
- Some counties have fewer options. 2
- How does this proposal consider quality of life? How are lives of individuals being served going to improve if this option is used? An analysis should be conducted to drill down a closer look at administrative cost and quality of life. This is not person centered. 3
- Communication, Challenges in working with State when self-managing. Independent case manager is licensed by State but doesn’t get information. How do we know more services/current services won’t get lost? 12
- This option requires a major overhaul of existing DA/Client relationship and is considered high risk to our DS/DA system. 2

Option 2: Designated Agencies (DA) would be responsible for making sure the rules are followed by splitting off case management and/or making sure an independent agency exists in the region:

3. What do you **LIKE** about designated agencies being responsible for making sure the rules are followed by splitting off case management and/or making sure an independent agency exists in the region (Option 2)?
 - You’d be working with people you already know, and you know have a certain skill set. More local. Feel agencies would do a good job bringing people together. 11
 - Will keep agencies providing services more accountable to quality of services they provide. 13
 - Current role of case manager is too big – help define the case manager role. 2
 - The one benefit of an agency helps another agency – they may not know the individual person, but they know the services and “what it’s like.” 2
 - More genuine stakeholder involvement. More control than to have the State decide. Regions could come up with approaches which make sense for the region. 1
 - #2 is better than #1. Localized more than in Option 1.
 - PERHAPS not need huge new resources to implement.
 - NOT RECOMMENDED – no positive aspects.

4. What **CONCERNS** do you have about the designated agencies being responsible for making sure the rules are followed by splitting off case management and/or making sure an independent agency exists in the region (Option 2)?
- Local groups may not agree on solutions approach. might need mediation and consultation from the state for DA's and SSA's to work out a plan. Designated agencies do not have the same ethics/standards as other agencies. 8
 - Want to avoid more bureaucracy. 17
 - Workforce shortage. 5
 - There would still be COI in this new model. 1
 - There are no choices to "figure it out" in some places like Bennington (no other agencies). 1
 - Could we investigate the role of case manager and then try to improve on that. 2
 - Cost is a big deal; money will be taken from individuals and agencies. 9
 - We will not be treated like people if this happens. Case managers use the feedback from direct service providers to better understand client needs, attitudes, traits and expectations. more difficult to maintain direct communication. 18
 - There is a difference in information and supports depending on the DA: no oversight to make sure agencies do what they are supposed to do. Quality review might be more difficult if each region is different. There's a lack of fairness between different regions. Lack of fairness in regions. One area savvy about funding, other area is not. 7
 - Worry about the timeframe. 1
 - It doesn't make sense to ask the agencies to solve a problem that they don't want to solve. The problem originated with them.
 - Accountability is always an excellent idea.

Option 3: Expand the options for an individual to choose between having an independent case management or case management that remains with the direct service provider.

5. What do you **LIKE** about expanding the options for an individual to choose between having an independent case management or case management that remains with the direct service provider (Option 3)?
- Like choice: like hiring an attorney, can choose based on knowledge and experience. Good customer services comes from choice. Create a case management. collaborative. #3 gives a path to stay with the system for as long as it's working for them. Person-centered (person choosing). Could we start with a pilot? 66
 - The existing QDDPs may be a place to start.
 - Less bad than options 1 and 2. 5
 - this would provide for accountability while maintain a clearer avenue for communication. 2

- This is a more person-centered option. 2
 - As long as there are clear to options in writing and explained to all.
6. What **CONCERNS** do you have about expanding the options for an individual to choose between having an independent case management or case management that remains with the direct service provider (Option 3)?
- Money has to come from somewhere. Creation of another organization; agencies cannot sustain; funding not there; both will be underfunded. 10
 - What if everyone chooses the same option? Would Feds be concerned about that? Would there be enough “slots”. only a small population would get to choose. 2
 - CMS wants VT to show there is no other options/evidence – need DATA, do we have it? 1
 - Biggest challenge would be information on options being available. 4
 - Two separate entities – need coordination; make process more difficult. 12
 - Possible shortage of skilled independent case managers outside of the DA system. 5
 - Who will be held accountable? no check and balance system. 6
 - Many individuals will fall through the cracks who have no voice. 7
 - Expansion of options concept will absolutely require significant Quality Assurance and compliance monitoring.
 - Consumers have choices to agency manage, share manage, self-manage, or family manage. Options are given during intake with an intake packet that explains all the options.

Option 4: Submit a proposal for approval from the Federal Centers for Medicare and Medicaid Services (CMS) for an exception demonstrating

7. What do you **LIKE** about submitting a proposal for approval from CMS for an exception (Option 4)?
- Prefer this option. would want this option of CMS would allow it. option 4 is best for Vermont. Identify flaws and fix flaws do not change the whole system. as long as the protections can be demonstrated to be in place. 64
 - This would have less disruptions. 8
 - This would be individuals first. State licensure.... have the same standards; QDDP status. get licensure from the state, greater accountability.
 - Not identified instances of Case Manager/Client conflicts of interest (in Vermont DA system), so this option is recommended.

8. What **CONCERNS** do you have about submitting a proposal for approval from CMS for an exception (Option 4)?

- In some areas the choice is only 1 provider. 2
- Agencies sometimes protect their employee – independent case management might protect against this. 1
- Waste of money. What if we put all this money into making a system for no reason. 9
- It felt like, even though it was being presented, it wasn't an option we could consider. 8
- Limiting CMS to regions does NOT help.
- The proposal would need Legislative support and action and have to be fully vetted by all interested parties, not an easy task.
- Perhaps a change is needed.
- Not enough case managers now to cover the workload.
- They may make demands for change that won't benefit people needing services. 1
- Do a standard intake packet from the state and train each agency on it.
- Wonder if clients will have to wait longer for support?
- What data exists that client's needs are not being met given the resources that the Designated Agencies have to work with. What evidence is there that that clients have suffered from conflict of interest?
- Communication and help when needed.
- Length of time for resolution would be extended.
- Only concerns might be delays caused by bureaucracy.
- They need to use the creative VT approach and steadfastness and make a strong proposal!

A. Have an Ombudsman (an independent person who helps people resolve complaints/problems about case managers or service providers)

9. What do you **LIKE** about the option of having an Ombudsman (Option A)?
- Like the idea (but it is just part of the solution, individuals will need help to access). This would be a nice addition. 58
 - Works well for CFC. 6 right now for CFC. 1
 - Will need a few in each region. if there are enough people to do the work and be responsive. should be in an office so people can be seen in person.
 - This is person-center, as it gives the individual/family options.

10. What **CONCERNS** do you have about the option of having an Ombudsman (Option A)?

- Can we find more ombudsman staff (will there be enough around the state? Will they be overwhelmed by the need?) 6
- Cost: how would that be paid for. 13
- People are afraid to speak up. 1
- The concern would be that they don't allow enough time to gather all relevant information and a release of information should be done for such.
- Lack of familiarity (clients, system), concern they are not independent. 17
- We currently have a number of organizations the could serve in certain capacities here. 3
- Who would these people work for? Where would their offices be. additional communication and scheduling concerns. 5

B. Have options counseling or peer navigation (an independent person who helps people understand the different service options.)

11. What do you **LIKE** about having options counseling or peer navigation (Option B)?

- Good idea as a supplement to services. supported decision making is a good example. Options counseling would be good – all people would be playing out of the same playbook. (some forums had count and one forum said about one third of the room in favor.) 85
- Options counseling needs to start early.
- Should be ongoing.
- Could be written options that gets given out (with timelines) by agency.
- Combine with ombudsman.
- Put info on a website.
- Options counseling for parents.
- GMSA can train and support peers. Some want peers help to prepare for ISA meetings or to go with them to ISA meetings.
- Independent case managers should be teamed up with peer advocates.

12. What **CONCERNS** do you have about options counseling or peer navigation (Option B)?

- Should be ongoing options counseling, not just one time at intake.
- how would they be trained Will the people involved in this option be an expert? 9
- Not everyone has access or skill to look at a website for information/options.
- Instead of building a new structure, we have VT Family network, Green MT Self advocates (underfunded). We should support our existing resources give them more \$ to offer more support. 2

- Would it be a state position? How to fill the positions. Qualifications. 9
- Might not be accessible to some. 4
- The cost cannot be overlooked. Budgets are already tight, and it could impact services to pull money away to pay for this. 7
- A concern would be that there would be impartiality. 5
- Location. 1
- Adds another piece in an already multi-faceted program.

C. Create an options/resource list (a comprehensive list of programs and service options in an accessible format)

13. What do you **LIKE** about having an options/resource list created (Option C)?

- Resource list would be helpful. Meeting participants liked this (show of hands due to time constraints at some forums. About 43 votes from other forums.) 38
- Should be easier and user friendly. In layman's language. 1
- Should come to school to present like other resources that are brought in to school (colleges, job fairs, etc) statewide, which could also get students interested in working in the field too.
- Like being able to access information on my own and not depend on an other's interpretation.
- Use as a guideline.
- There are agencies that do provide an options/resource list. 2

14. What **CONCERNS** do you have about an options/resource list created (Option C)?

- NO concerns recorded in forum notes for resource list.
- Seems at least somewhat duplicative of resources already available. 3
- There is an assumption that those who would use the list would also understand the list. 8
- Ensuring that the information is up to date and thorough. Focused on DS. 12
- Sometimes when too many options are given to a person they have a hard time making any kind of decision. 2
- Rather interact with a person than a list to help guide me. Not full clear understanding of options if just a list. 2
- Lists show imbalance of resource allocation to more populated areas, despite more rural communities having high % of special needs persons.
- cost

D. Have an independent assessment of eligibility for the program (a person from the state or a contractor assesses whether a person has a developmental disability and meets the criteria to receive home and community-based services (HCBS))

15. What do you **LIKE** about having an independent assessment of eligibility for the program (Option D)?

- A centralized process might “level the playing field” – everyone would have the same rules and not vested interest in services. 20
- Independent assessment and independent needs assessment offer the least amount of change and least amount of cost. This concept should be explored more due to the least amount of change and disruption.
- Not sure why this question exists. This is already happening. 4
- It would be good to have the State be the ones to take that on and have to deal with the appeals and the costs.
- Maybe for someone new to the system. 1
- One forum counted 11 likes.
- It would decrease liability related to the agency providing services.

16. What **CONCERNS** do you have about an independent assessment of eligibility for the program (Option D)?

- Qualifications/credentials of the people who are doing it. 2
- if the state does it would there be COI due to funding? 5
- Cost. 2
- This process is already performed based on guidelines and only constrained by budget realities. 1
- The person doing the assessment does not know the client or their circumstances well enough. 14
- This may slow the process down considerably. 4
- Might just result in another layer of bureaucracy that is not linked to client satisfaction, safety or outcomes. 6
- Location.
- Redundant at best. 2

E. Have an independent assessment of need done by State staff. State staff would conduct the needs assessment that leads to the development of a service package or funding amount. The case manager would develop the Individual Support Agreement (ISA).

17. What do you **LIKE** about having an independent assessment of need done by State staff (Option E)?

- In favor of state staff completing needs assessments. 13
- It shouldn't matter who completes the needs assessment, as the individual writing down the information gathered it from the person's existing team. The information should remain the same no matter who writes it.
- This process could offer consistency. 5

18. What **CONCERNS** do you have about an independent assessment of need done by State staff (Option E)?

- Too many people involved, too many people for state to see, concern about capacity and timeliness. 8
- Need to have people who are qualified to do it. concerned about the quality of assessments (credentials). 7
- Needs to be an assessment that is looking at the whole picture and not just meeting with the individual (look at what the family is doing to help the individual, and the place they are living, etc.) 13
- Concerned about "checklist approach" to assessment, and comparison to other individuals. 10
- Are needs assessment driving funding or funding driving needs assessment? Shifting COI. 13
- The SIS is a set backward to the days when the "professionals" knew more than families and people receiving supports.
- We need less state bureaucracy, not more. 7
- Option for appeal for second opinion.

F. Have an independent assessment of need done by independent contractors. An independent contractor would conduct a needs assessment that leads to the development of the service package or funding amount. The case manager would develop the Individual Support Agreement (ISA).

19. What do you **LIKE** about having an independent assessment of need done by an independent contractor (Option F)?

- (Currently) Different level of services are approved for people living in the same areas with similar needs depending on which case managers are assigned. Current system is not person centered; agency tells you what you need. **1**
- Could be OK to bring in someone who doesn't already know the individual to do the independent assessment – fresh eyes. **17**

20. What **CONCERNS** do you have about an independent assessment of need done by an independent contractor (Option F)?

- Need consistent qualifications (credentials) of staff doing assessment and plan seems disconnected from case management. Layers of conflict including state staff. Communication and response would be worse. **14**
- If person doesn't know you, how can they assess what needs are? How do they learn about people who need services? **22**
- Needs are evolving and ongoing – not a one-time assessment. **2**
- Are needs assessment driving funding or funding driving needs assessment? Shifting conflicts to contractor. **8**
- Cost. **10**
- Also accessibility, quite often these types of contractors are notoriously inaccessible.
- Don't think we have enough skilled potential independent contractors to meet the statewide need. **2**
- Temptation to perform these in an assembly line manner.

G. Provide additional training for providers (a statewide training program that is available to all HCBS providers which is focused on person-centered planning and program-specific information.)

21. What do you **LIKE** about additional training for providers (Option G)?

- Training is a good thing. **34**
- Training helps with consistency, quality and continuity. **11**
- Training needs to be statewide. **2**
- This would expose additional options for services that Agency case managers may not be aware of and as a result not considered.
- As long as self-advocates are part of the training.

22. What **CONCERNS** do you have about additional training for providers (Option G)?

- Who pays for training? Concern of the cost. 9
- Who determines the training? 5
- Will all trainings be statewide, so that it doesn't matter who the provider works for? 1
- We ask that these trainings are accessible in an electronic format as it is very challenging to get people together for an in-person training. Use technology please- there are some excellent and free/inexpensive options out there.
- If people are expected to go to trainings on a regular basis will they be available for doing their job. 7
- Keeping up with the need to retrain and update. 3
- Need to be mandatory trainings. 1
- Training without necessary resources (workforce).

GENERAL COMMENTS:

- ALL OPTIONS (protections) are GREAT because they EMPOWER individuals.
- The only “problem” I’ve ever encountered with case managers is that I do think it’s sometimes hard to confront a community outreach worker who might be older or longer with any agency if a complaint arises.
- Suggestion to skype option for future forums.
- Get feedback from non-verbal speakers; accessible information; forums too fast paced, complicated, confusing charts, need for concrete examples, and needed opportunities to share in private settings.
- COI examples: relationship only with staff, segregated settings, complaints not resolved, doubling up outings, no support or education about relationships, lack of staff, being silenced by others, bounced to different service coordinators and some have no family to help or advocate for them.
- Need communication directly regarding Phase 3 meetings.
- Concerns:
 - Home providers advocate but has to go “up the ladder”;
 - Self-advocates are uncomfortable speaking up in front of agency staff;
 - What is being done to help with housing so people can live as adults independently or with 2 or more people together;
 - How do people find out about other options (beyond shared living)? (safety connections, mentors, roommates, group homes, apartments, etc.);
 - Choices and options before transition – in high school, statewide;
 - Concerns about low pay for direct care staff;
 - Problem regarding case manager turnover.

- Is there information from other states concerning the impact of wages of case managers and service coordination.
- Could we get information from consumer and families in NH about changes that have impacted them?
- Question about data and quantifying concerns and instances of conflict of interest:
 - It would be important to have the State start tracking conflict cases. VT is very different from other states. Some of the proposals are good, I'd go back to Feds and say, "what we are doing is working and we will make it better."
 - could there be a more empirical approach similar to QI in the medical world?
 - Document conflict of interest statewide.
- Maybe have a flow chart of assessment, eligibility, etc. for each option.
- There are a lot of Vermonters without internet.
- Where is the tiered funding process?
- Adding another layer of oversight in any manner is not the best option.