July 2019

HCBS Conflict of Interest Stakeholder Comments – Phase I Summary

Introduction:

The Department of Disabilities, Aging, and Independent Living (DAIL) has completed Phase I of stakeholder engagement related to Vermont's Home- and Community-Based Services (HCBS) conflict of interest requirements. Phase I of stakeholder engagement took place over a 6-month period. It included 13 in-person meetings with stakeholders or board meetings with stakeholders. A stakeholder feedback form and accompanying information on this project were sent to providers, consumers, advocacy groups, and other stakeholders across all programs to solicit their feedback.

Below is a summary of written comments received during and after the stakeholder meetings. The comment topics were categorized and emboldened where possible.

A total of 19 written comments were submitted under the following categories:

- 7 comments on the Choices for Care Program:
  - 6 from providers
  - 1 from a council of stakeholders
- 9 comments on the Developmental Services Program:
  - 2 from providers
  - 2 from councils of stakeholders
  - 1 from an advocacy group
  - 1 from a consumer
  - 1 from a consumer and family member
  - 2 from family members
- 3 comments on the Traumatic Brain Injury Program:
  - 1 from an advocacy group
  - 1 from a provider
  - 1 from a council of stakeholders

1) General Comments

- If we had more providers, conflict of interest would be less of a problem.
- Additional funding would help with staffing and conflicts.

2) Choices for Care

a) When you think about case management in this program, what works well?

a. **Staffing consistency**: We know who we support – consumers don't need to tell their stories to new people over and over again.
b. **Person-centered planning:** The program is person-centered and can be flexible. (**3x**)
c. **Team-based care:** Case managers work well and are available because they are a part of the team.
d. **Choice:** People who want to stay in the community are able to.
e. **Choice**: it helps that people can choose to get personal care outside of agency.

f. An Area Agency on Aging provides conflict-free case management and staffs Options Counselors.
g. **Choice:** Flexible Choices as a program option works well – I like being able to decide what I need and how it's delivered.
h. **Coordination:** The State's Long-Term Care Clinical Coordinator (LTCCC) role is a clear benefit to reducing conflict.
i. **Independent providers:** VT has an independent home health agency that works closely with several case management agencies.

b) When you think about case management in this program, what doesn't work well? What potential conflicts of interest do you see?
   a. **Steering**: Referrals to external sources tend to be to be based on Agency connections; not based on what is best for the consumer.
   b. **Steering**: Small, rural communities with limited resources can result in referrals to "who we know," whether personally or professionally.
   c. **Self-referral/Familial relationships**: Having family members and friends of case management staff provide supports to consumers can be a conflict.
   d. **Self-referral**: Home Health Agencies are inclined to refer people to their own agency for personal care and not give options.
   e. **Financial:** Agencies are all looking to make the most of billable case management services. It can be hard when clients are no longer eligible because it can be a source of financial stability for an Agency.
   f. **Training/Information**: Self-managed assistance can be challenging in terms of training resources and tracking for staff.
   g. **Training/Information**: It is critical that staff are aware of and up to date on the services and supports available to people, and negative impacts are clear when this knowledge is not present.
   h. **Budgets:** Money/funding can be a driver for certain decisions being made.
   i. **Steering**: A provider's lack of awareness of their own biases can lead to steering. (**2x**)
   j. **Steering**: Providers' need for safety and risk aversion often drives the choices they offer individuals.
   k. **Access**: Choice is limited when Moderate Needs Group Flex Funds are used.
   l. **Access:** We are forced by the system to select from a limited menu of choices.
   m. **Steering:** A designated Home Health Agency available statewide doesn't receive any referrals from some case managers and Agencies. They sometimes get companion care 'farmed out' to them. They also get calls from consumers directly who say they were told it wasn't their case manager's job to refer to this Agency. For this Home Health Agency, 80% of its Choices for Care census was referred by Area Agencies on Aging. In one county, now that it has received a handful of referrals from one of the two case management agencies, word of mouth has spread amongst consumers that they do have the right to choose. As a result, the number of referrals, self-referrals and inquiries has jumped dramatically.

c) What suggestions do you have to prevent or reduce conflicts of interest?
   a. **End the moratorium** on new Home Health Agencies and allow more providers. More options = less conflict.
   b. **Quality review** by 'peer' agencies (rather than splitting agencies between direct services and case management).
   c. **Quality Review:** Needs to be continued oversight. (**2x**)
   d. **Disallow self-referral:** Agency-paid employees should not also be shared living providers or respite staff for people receiving supports from our agency.
   e. **Training**: Can help reduce unconscious biases and steering. This should be a quality assurance requirement.
   f. **Training:** When Aging and Disability Resource Center (ADRC) options counseling was operating robustly, the training for case managers to offer formal and specific options counseling was good
   g. **Training:** Give case managers motivational interviewing training.
   h. **Uniform process/language:** Consistency across providers helps clients understand choices, and definitive guidelines ensure people know what is available. (**3x**)
   i. **Options counseling:** Consumers need to be truly given choice. Can the Long-Term Care Clinical Coordinators (LTCCCs) provide options counseling?
   j. **Options counseling:** When Aging and Disability Resource Center (ADRC) options counseling was operating robustly, the shared survey and assessment was helpful.
   k. Remove senior companion program from AAAs.
   l. **Independent review**: Have an outside agency review clinical eligibility every 2-5 years.
   m. **Peer Navigators:** Peer-to-peer options counseling especially in relation to self-direction.
   n. **Separate roles:** There needs to be a clean and separate person to do eligibility determination and initial planning -then options counseling – then a final service plan and then the selection of a service provider. (**2x**)

d) What should we consider when deciding how to prevent or reduce conflicts of interest?
   a. Impact to people being served.
   b. Financial viability of the service (cost and rates).
   c. Paying for outcomes vs. fee for service mitigates the potential for conflict.

3) Developmental Services

a) When you think about case management in this program, what works well?
   a. **Staffing consistency**: We know who we support – consumers don't need to tell their stories to new people over and over again.
   b. **Staffing consistency:** Model provides continuity of care and relies on the relationship, knowledge and skill of the case manager to direct care needs.
   c. **Person-centered planning:** The program is person-centered and can be flexible. (**3x**)
      i. Staff meet me face-to-face regularly.

    ii. Service coordinator knows my son on personal level.
  d. **Coordination:** Service coordinator is single point of contact.
  e. **Coordination** within Designated Agencies between mental health and developmental services is good.
  f. **Training:** Agency-hired staff (as opposed to self-managed) get training and supervision.
  g. **Oversight:** Accountability and responsibility is held within the service coordinator role.

b) When you think about case management in this program, what doesn't work well? What potential conflicts of interest do you see?
  a. **Steering**: Referrals to external sources tend to be to be based on Agency connections; not based on what is best for the consumer.
  b. **Steering**: Small, rural communities with limited resources can result in referrals to "who we know," whether personally or professionally.
  c. **Steering**: Unconscious provider bias can limit choice. (2x)
    i. Schools bias families towards specific Agencies.
    ii. Sometimes there is a perception that a case manager or state staff "know better" than the individual.
  d. **Steering:** Providers' need for safety and risk aversion often drives the choices they offer individuals
  e. **Self-referral**: Case managers promote their own Agency as the 'only game in town' when it may not be.
  f. **Self-referral/Familial relationships**: Having family members and friends of case management staff provide supports to consumers can be a conflict.
  g. **Training/Information**: Self-managed assistance can be challenging in terms of training resources and tracking for staff.
  h. **Training**: Agency staff do not have sufficient knowledge around the Developmental Disabilities Services Division (DDSD), Department of Education systems, or Individualized Education Plans (IEPs).
  i. **Information**: There isn't a clear menu of options for families about what the service options are. Information is hard to find.
  j. **Budgets**: Do not change over the years without going through a lengthy equity process which may result in no new funding (despite increased costs).
  k. **Budgets:** Money/funding can be a driver for certain decisions being made.
  l. **Agency-managed staff are more expensive** and result in fewer service hours.
  m. **Staffing consistency**: High turn-over for agency and contracted staff. (**3x**)
    i. 75 providers in past 20 years.
    ii. I have left my house only 5 times since October because of staff not coming
    iii. 9 case managers in 2 years.
  n. **Staffing quality:** Wants to have someone who cares. No respect for people with disabilities. Wants to be able fire/switch case managers.

o. **Assessments**: Take too long. Why are assessments yearly? They are done by my case manager without me present.
p. **Family burden**: If the family shows ability to help, the case manager seems to pass their responsibilities off to the family.
q. **Quality Oversight**: Staff are unable to advocate for service/rights within own agency and/or contracted entities, like schools. (**2x**)
r. **Goals**: My Individual Support Agreement (ISA) goals are Agency goals, not my goals.
s. **Access**: There are limited settings options and/or providers. Options can be based on the Agency you work with. (**3x**)
t. **Representative payee**: Being a rep-payee creates conflict with provider roles. However, individuals served often do not have any other option due to limited rep-payee resources in Vermont.

c) What suggestions do you have to prevent or reduce conflicts of interest?
a. **Disallow self-referral:** Agency-paid employees should not be shared living providers or respite staff for people receiving supports from our Agency.
b. **Needs assessment:** Like Choices for Care, have a needs assessment scored by DAIL or another Agency.
c. **Needs adjustments:** Should have local and state approval monthly.
d. **Access:** There should be more settings and provider options.
e. **Information:** Create a list or database of all support model options available across the state. Or create an interactive map on a state website showing Agency options and locations. (**2x**)
f. **Information:** Mandate that Agencies enable families and self -advocates to communicate freely and easily with one another to share information on options, services, supports.
g. **Quality transparency:** Provide agency service ratings so people have clear options to evaluate providers. For example, who is best at employment? Who has the lowest turnover rates?
h. **Training**: Require initial and ongoing trainings for Agency staff around state services and what is available vs. what an Agency may typically offer or have experience with. (**2x**)
i. **Training:** Give case managers motivational interviewing training.
j. **Ombudsman**: Create an ombudsman specifically for Developmental Services. (**3x**)
k. **Separate money from needs assessment**: Don't talk about money or funding during initial planning. Start with the desired plan and move from there to any relevant financial conversations. Separate money from planning to truly get to conflict free. (**2x**)
l. **Peer navigators:** Have peer navigators to help people understand their options, especially for self-direction. (**2x**)
m. **Options counseling:** Have options uniform counseling to make sure a separate person is telling you about what is available. (**2x**)

n. **Oversight:** State oversight has decreased over the years and current oversight is not independent of the Developmental Disabilities Services Division (DDSD) system – we should address this to increase that oversight.
o. **Grievance and appeal rights**: Appeal rights should be explained to clients/families regularly and whenever decisions are made.
p. **Separate roles:** There needs to be a clean and separate person to do eligibility determination and initial planning -then options counseling – then a final service plan and then the selection of a service provider. (**2x**)

d) What should we consider when deciding how to prevent or reduce conflicts of interest?
   a. Impact to people being served.
   b. Financial viability of service (cost and rates).
   c. Paying for outcomes vs. fee for service mitigates the potential for conflict.

4) Traumatic Brain Injury

a) When you think about case management in this program, what works well?
   a. The TBI Program does an impressive job with few resources to draw upon. They demonstrate creativity in finding a 'home' for individuals with brain injury whenever possible.
   b. Certain State workers supporting the TBI program are an incredible resource and support for case managers.
   c. **Person-centered** services work well.
   d. **Small, rural state** is good for community connections.
   e. **Confidentiality and privacy** practices are strong.

b) When you think about case management in this program, what doesn't work well? What potential conflicts of interest do you see?
   a. **Budgets** do not accurately reflect the cost of supports.
   b. **Budgets:** Money/funding can be a driver for certain decisions being made.
   c. **Steering**: Referrals to external sources tend to be to be based on Agency connections; not based on what is best for the consumer.
   d. **Steering**: Small, rural communities with limited resources can result in referrals to "who we know," whether personally or professionally.
   e. **Steering**: Sometimes there is a perception that a case manager or state staff "know better" than the individual.
   f. **Steering:** Providers' need for safety and risk aversion often drives the choices they offer individuals.
   g. **Self-referral/Familial relationships**: Having family members and friends of case management staff provide supports to consumers can be a conflict.
   h. **Small, rural state** is bad because everyone knows each other.
   i. **Training**: Trainer is also the case manager.
   j. **Access:** We are forced by the system to select from a limited menu of choices.

c) What suggestions do you have to prevent or reduce conflicts of interest?

a. **Disallow self-referral:** Agency-paid employees should not be shared living providers or respite staff for people receiving supports from our agency.
b. **Training should be separate** from case management.
c. **Training:** When Aging and Disability Resource Center (ADRC) options counseling was operating robustly, the training for case managers to offer formal and specific options counseling was good.
d. **Training:** Give case managers motivational interviewing training.
e. **Options counseling:** When Aging and Disability Resource Center (ADRC) options counseling was operating robustly, the shared survey and assessment was helpful.
f. **Peer Navigators:** Peer-to-peer options counseling especially in relation to self-direction.
g. **Separate roles:** There needs to be a clean and separate person to do eligibility determination and initial planning -then options counseling – then a final service plan and then the selection of a service provider. (**2x**)
h. **Ombudsman:** Have an ombudsman in place if case management isn't working well for an individual.

d) What should we consider when deciding how to prevent or reduce conflicts of interest?
   a. Impact to people being served.
   b. Financial viability of service (cost and rates). (**2x**)
   c. Paying for outcomes vs. fee for service mitigates the potential for conflict.
   d. Workforce development.