

**Feedback on Options for Addressing Conflict of Interest
in Case Management in Choices for Care
April 25, 2021**

SUMMARY:

The Department of Disabilities Aging and Independent Living (DAIL) Adult Services Division (ASD) sought feedback from both stakeholders and participants in the Choices for Care related to conflict of interest in case management and options under consideration by Vermont.

As part of DAIL's Phase II Stakeholder Engagement in 2019-2020, ASD staff met with providers and sent an online survey by email to the following stakeholders (listed alphabetically):

- Adult Day Services Providers
- Adult Family Care Authorized Agencies
- Area Agencies on Aging
- Disability Rights Vermont
- Home Health Agencies
- Long-term Care Ombudsman
- Transition II
- Vermont Center for Independent Living
- Vermont Health Care Association

ASD sent information by mail to all Choices for Care participants about options to reduce potential conflict, including a link to participate in the online survey or the option to request a paper copy of the survey.

Approximately 126 responses to the Choices for Care survey were received from a combination of stakeholders and participants.

The feedback provided from the survey has been compiled below.

CHOICES FOR CARE SURVEY:

Option #1: Separation by the State. Case managers would work for a different agency than the agency providing direct services.

1. *What do you LIKE about separating case management providers from direct service providers (Option 1)?*

126 people responded to this question:

- 60 comments in support of separation.
- 37 comments against separation.
- 29 comments in which people were neutral, unsure or their response was unclear.

Some comments included:

- "Separating CM providers from direct service providers eliminates any real or perceived conflict of interest. It allows each agency providing services to focus directly on what their role is regarding each client."
- "Removes bias in selection of case manager."
- "Recipient will have more confidence that the services offered/provided are the best choice."

- “Our agency is opposed to the separation of case management and direct service provision. We have consistently demonstrated the ability to conduct case management activities while helping coordinate direct care provision in a professional manner while ensuring clients are made aware of their various options for care and service provision.”
- “I have no problem with the present system.”
- “I did not know there was a conflict in interest.”

2. *What CONCERNS do you have about separating case management providers from direct service providers (Option 1)?*

61 comments with concerns were shared with common themes related to 1) communication – lack of, delays, miscommunications, added work, 2) relationships – case managers not knowing clients as well, and 3) concerns about added costs with separation, especially costs that might impact the amount of services that could be received.

Some comments included:

- “When direct care staff report consumer issues to the agency case manager, assistance is provided in an efficient & timely manner. Additionally, Home Health agencies have 24/7 coverage re: urgent issues. Agencies customarily receive off-hours call from consumers; even those case managed by other agencies. In Orleans County within less than 2 years, a Residential Care Home/ Enhanced Residential Care provider permanently closed. The facility administrator cited financial losses coupled with an unstable workforce. Currently, a local award-winning Nursing Home is scheduled to close on or before April 30, 2020; Once again, citing operational losses and ongoing workforce shortages. Historically, direct care providers have incurred financial losses. Case Management services partially offset losses; Separation would equal elimination for case management services and exacerbate an already financially fragile program. Particularly for an agency providing case management services to 70% of their CFC consumers.”
- “We have found that providing both case management and direct care services allows for very important continuity of care, timely collaboration and the ability to swiftly address any areas of concern raised by either the client or direct care staff. Separation of these things can sometimes lead to delays in communication when another CM agency has to be contacted and it may take a couple of days before contact occurs, leading to a delay in addressing a change or a concern as quickly as possible.”
- “I have found separating agencies doesn't work out well at all. The agency constantly keeps herding you around things that don't get done.”
- “If they are separated, it is another person who does not know what's going on in the case. There are already too many people with their hands in the case and everyone is confused.”
- “It would add another layer of administrative oversight, another individual to inform, visit and make judgements. It would be another added expense. The resources in our state are not so vast that an independent case manager would have so many more options to offer families or clients. An independent case manager would be less involved with the client and their family, their caseloads would be large and the efforts, training and engagement would be redundant.”
- “One more go between.”

Option #2: Separation by Local Agencies/Providers. Case managers would work for different organizations from service providers.

3. *What do you LIKE about 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)?*

120 responses were shared:

- 49 comments in support of local separation.
- 41 comments against local separation.
- 30 comments were neutral, unsure or unclear.

Some comments included:

- Local agencies' detailed knowledge of local clients' problems. The possibilities for solutions in different areas varying according to local conditions.
- opportunity for growth in the industry, and entrepreneurial spirit within the local region
- Care and services - as they are now - would not see too much interruption. Maybe a little less favoritism, but in this area there are not many choices for providers anyway.
- I prefer this option. Being a former director of a nonprofit, I believe allowing the people that actually provide services work together to establish who provides services and who provides case management ensures people who know the client population and their needs, make these decisions and oversight.
- Well this sounds awkward to me and with the current system then if a client has HH services they would have no choice but to go to the AAA for CM since right now those are the only 2 agencies that do CM.
- I'm not sure this should be an agency responsibility. This responsibility should lie with the state and those that run this program at a higher level. Case Managers/agencies should all be trained in what service providers are in their assigned areas to provide clients with full and complete knowledge of choices and options for each service on the client's service plan.
- Never had to experience anything like this, so I don't have an opinion.

4. *What CONCERNS do you have about the 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)?*

68 comments with concerns were shared with common themes related to 1) complexity of this option requiring organizations to restructure, 2) feasibility given Vermont's small provider network and workforce shortages, and 3) continued concerns about added costs with this option that could decrease the amount or quality of services to individuals.

Some comments included:

- This option would be administratively complex and very challenging from a workforce standpoint. Our agency would need to be restructured and other organizations would need to hire significantly more case managers – a difficult task already in this extremely tight labor market.
- A change of this magnitude would be very challenging to accomplish as a total restructuring would need to occur, in a market where it can be difficult to hire additional staff needed in an already challenging labor market.
- Possibilities for local conditions influencing these decisions which are to the benefit of a provider or agency rather than the benefit of a client.
- As I said before dealing with another agency and more red tape would be a headache for all involved. Why not keep it as it is and make it more streamlined instead of adding more governmental red tape, which we all know will NOT bode well for the client
- too much politics between agencies. Too much overhead in splitting off case management
- Worried about responsiveness to needs.

- Are there enough agencies in the regions to make this work?

Option #3: Status Quo with More Choice and Special Protections. Individuals can choose between having independent case management or case management that remains with their direct service provider.

5. *What do you LIKE about keeping the case management structure the same but requiring additional systems of support (Option 3)?*

61 comments in support of status quo with additional systems of support.

43 comments against status quo with additional systems of support.

19 comments were neutral, unsure or unclear.

Some comments included:

- This option seems to offer a respectful approach to the family in need. It offer flexibility, so that if case management is not effective within the direct service provider agency, then the family can opt to seek an independent case management agency.
- I'm not educated enough about the internal structure currently in place. But more support seems like never a bad thing
- Unlikely to be approved by CMS, so not worth considering.
- Probably the most cost effective measure, without disrupting the system to much while providing safeguards against corruption and keeping the structure within the local area
- I feel the current structure is working; I have only had services for a few months, but I suppose the added protection might be helpful down the road.
- This sounds sensible, especially when there are few providers in an area and clients want to have choices about who provides their service.
- This is the best option because it gives individuals with more choice depending upon their individual situation.
- I don't think this model provides the best service and choices to the consumer. While it is preferable to have an independent agency oversee the program, adding an additional agency into the mix will make it all more complicated.

6. *What CONCERNS do you have about keeping the case management structure the same be requiring additional systems of support (Option 3)?*

49 comments with concerns were shared with common themes related to 1) increased costs and complexity; 2) feasibility of being accepted by CMS/would conflict still exist? And 3) the need for real oversight of agencies and questions about how this would work.

Some comments included:

- Seems complex. And again raises issue of state regulating and monitoring compliance
- No clear place to get information. Staff consistency and quality. Budgets are very tight and adding another agency takes another percentage out of the budget.
- People don't do their jobs properly or follow through, they make promises they don't keep. Again, the agency passes the buck from one to another; you don't get proper services.
- I think this is just causing more paperwork, costing the taxpayers more money and will take away from funds eligible for actual support.

- Would this actually provide the required protections for clients?
- Where and How is the improvement going to come about for the clients?
- concerned that CMS would not approve

Under Option #3 Special Protections Could Include:

- The addition or enhancement of the independent Ombudsman Program that provides advocacy and helps resolve complaints for program participants
- Options counseling/Peer Navigation
- Options/Resource List
- Independent Program Eligibility Assessment
- Independent Assessment for the Person-Centered Plan
- Additional Training for Providers

7. What do you LIKE about the option of having an Ombudsman (Option A)?

90 comments in support of having an Ombudsman, speaking to the benefits of a neutral, third party advocate.
13 comments against having an Ombudsman, speaking to the cost outweighing any benefit.
16 comments were neutral, unsure or unclear.

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

33 concerns were shared with themes related to 1) the cost of having an Ombudsman, 2) the need for training and oversight to ensure quality Ombudsman services were provided, and 3) the potential for creating more bureaucracy and confusion for individuals.

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

72 comments in support of options counseling or peer navigation as a tool to support choice and reduce confusion.
18 comments against options counseling or peer navigation, with a lot of concern around added cost and bureaucracy, and a view that this was the responsibility of the case manager.
27 comments were neutral, unsure or unclear.

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

64 concerns were shared with themes related to 1) added cost and bureaucracy, 2) serious concern that this would create more confusion for individuals and families (role of options counselor vs. role of case manager), 3) the need for this to be done completely separately from case management agencies in order to be independent, and 4) the need for training and oversight for this to be successful.

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

89 comments in support of having an options/resource list as a way to better inform individuals of their choices.
4 comments against having an options/resource list; respondents didn't see any benefits.
27 comments were neutral, unsure or unclear.

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

56 concerns were shared with themes related to ensuring the resource list is simple, easy to read and navigate, accessible and kept up to date in whatever format.

13. What do you LIKE about having an independent assessment for the Person-Centered Plan (Option D)?

40 comments in support of an independent assessment for the Person-Centered Plan.

32 comments against an independent assessment for the Person-Centered Plan.

40 comments were neutral, unsure or unclear – many people seemed confused by this question or unsure whether it would help or not.

14. What CONCERNS do you have about an independent assessment for the Person-Centered Plan (Option D)?

58 concerns were shared with themes related to cost, adding layers of bureaucracy, potential for duplication/role confusion with case management, the need for specific training and more oversight.

15. What do you LIKE about additional training for providers (Option E)?

93 comments in support of additional training for providers.

8 comments against additional training for providers.

13 comments were neutral, unsure or unclear.

16. What CONCERNS do you have about additional training for providers (Option E)?

44 concerns were shared with themes related to costs of training (costs to produce, providers cannot bill for this time, etc.) and how to ensure it is high quality, accessible, and beneficial to agencies, plus concerns that additional training, while beneficial, will not satisfy CMS regarding conflict of interest.

Survey results compiled in April 2021 by:
Angela Smith-Dieng, Director, Adult Services Division
Direct questions to angela.smith-dieng@vermont.gov.