

**Feedback on the Choice Model for Addressing Conflict of Interest
in Case Management in Choices for Care
October 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 Long-Term Care Medicaid program related to conflict of interest in case management and the “Choice Model” proposed by Vermont.

As part of DAIL’s Phase III Stakeholder Engagement, in August 2021 ASD staff 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
- Home Health Agencies
- Long-term Care Ombudsman
- Transition II
- Vermont Center for Independent Living

In August 2021, ASD sent information by mail to all Choices for Care participants to ask for their feedback about the proposed Choice Model, including a link to participate in the online survey or the option to return the survey by mail (a hard copy of the survey was provided along with a self-addressed stamped envelope). A copy of the survey sent to participants is attached.

Approximately 540 total responses to the survey were received, including 510 from Choices for Care participants and 30 from Choices for Care providers/stakeholders.

In addition, participants were invited to attend live meetings to share their feedback as well. A virtual meeting was offered to Choices for Care participants on September 9, 2021, and one participant attended.

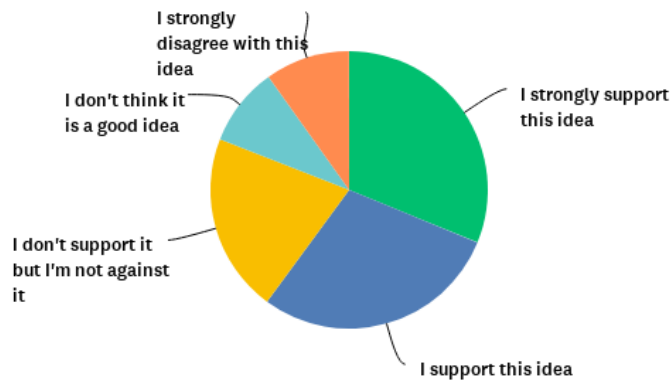
The feedback provided from providers and participants has been compiled below.

CHOICES FOR CARE PARTICIPANT RESPONSES:

Participants were asked to indicate their support for 1) independent options counseling for all participants, 2) independent needs assessment to inform the person-centered plan, and 3) having the choice to have an independent case manager outside the agency that provides direct service or a case manager that is part of the agency that provides direct service. Below are charts indicating levels of support.

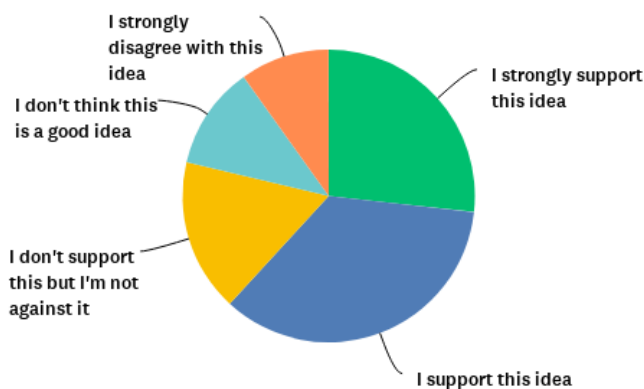
Independent options counseling for all participants: 262 respondents (60%) support or strongly support options counseling. 91 respondents (20%) do not support but are not against options counseling. 83 respondents (19%) do not support this idea or strongly disagree.

Q1 Options Counseling In the Choice Model an agency would be hired to provide options counseling to all Choices for Care participants. The agency would ensure all participants are aware of the case management options and direct service options available to them, so they are able to make an informed decision about how they want their services provided. This agency would be separate from direct service providers. Please indicate your support of options counseling conducted by an independent agency by marking an answer below.



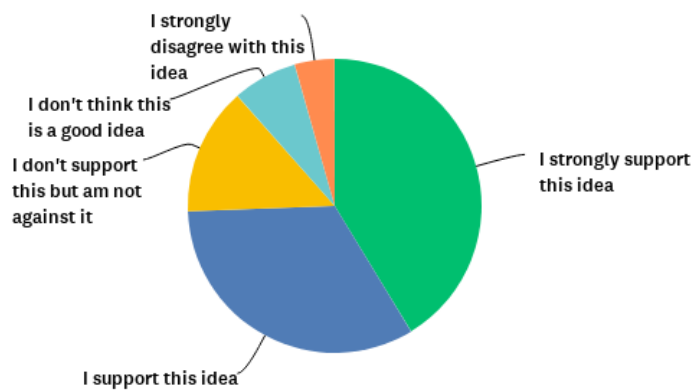
Independent Needs Assessment: 282 (62%) respondents stated that they support or strongly support an independent assessment; 77 (17%) do not support but do not disagree; and 97 (21%) disagree or strongly disagree with this idea.

Q2 Independent Assessment In the Choice Model an agency would be hired to conduct the participant's needs assessment. The agency would help to determine the participant's strengths and areas where additional supports may be needed. This would inform the person-centered care plan. This agency would be separate from direct service providers. Please indicate your support of the participant's needs assessment being conducted by an independent agency by marking an answer below.



Choice of case manager: 355 (75%) of respondents stated that they support or strongly support having a choice of case manager; 67 (14%) are not in support or against this idea; and 55 (11%) do not think this is a good idea or strongly disagree with this idea.

Q3 Choice of an independent case manager or a case manager who works for the agency providing direct services. In the Choice Model, all participants would have the option of choosing an independent case manager or a case manager who works for the same agency who provides the direct services. The case manager's job is to complete the care plan and provide oversight and monitoring of the care plan. Please indicate your support of the participant choosing either an independent case manager or a case manager who works for the same agency who provides the direct services by marking an answer below.



Themes from individual comments include:

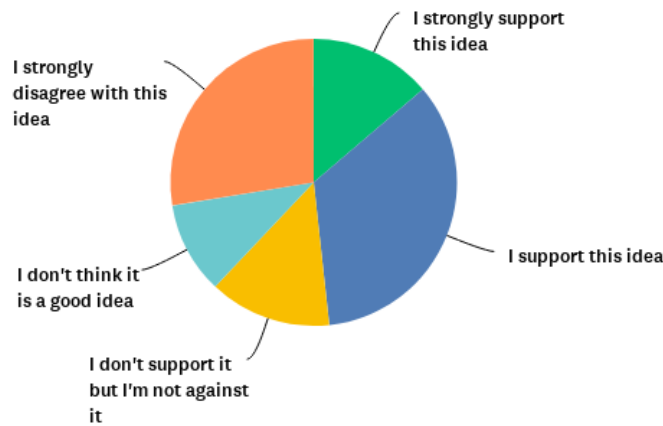
1. Overall confusion with the concept of conflict-free case management.
2. Concern with complicating the program by adding additional people for participants to interact with and additional layers of bureaucracy before services are delivered.

CHOICES FOR CARE PROVIDER RESPONSES:

Choices for Care case management providers were also asked to indicate their support for 1) independent options counseling for all participants, 2) independent needs assessment to inform the person-centered plan, and 3) having the choice to have an independent case manager outside the agency that provides direct service or a case manager that is part of the agency that provides direct service. Below are charts indicating levels of support.

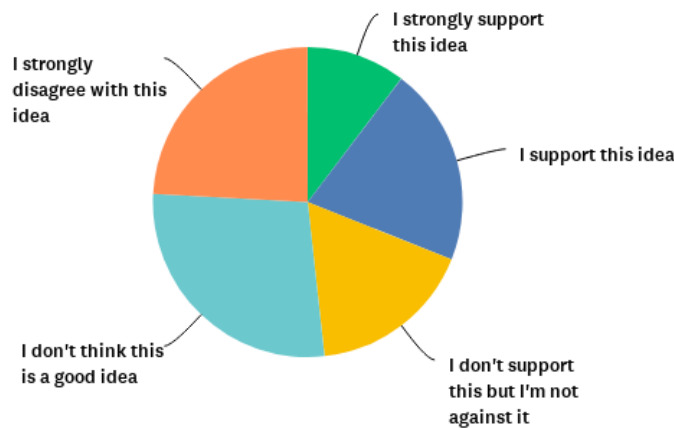
Independent Options Counseling: 14 (48%) of respondents stated that they support or strongly support this idea; 4 (14%) indicated neither support or against, and 11 (38%) stated they disagree or strongly disagree with this idea.

Q1 Options Counseling In the Choice Model an agency would be hired to provide options counseling to all Choices for Care participants. The agency would ensure all participants are aware of the case management options and direct service options available to them, so they are able to make an informed decision about how they want their services provided. This agency would be separate from direct service providers. Please indicate your support of options counseling conducted by an independent agency by marking an answer below.



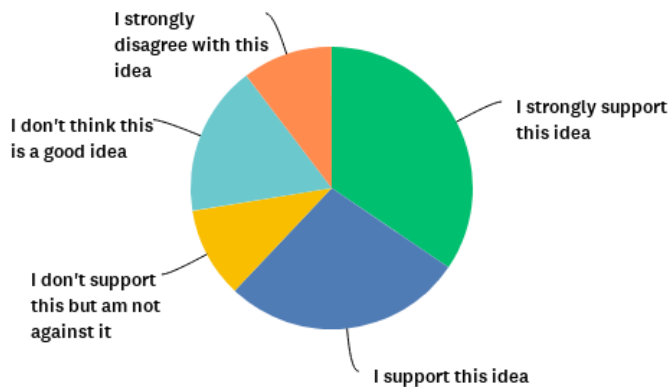
Independent Needs Assessment: 9 (30%) of respondents support or strongly support this idea: 5 neither support nor disagree; and 15 (52%) disagree or strongly disagree with this idea.

Q2 Independent Assessment In the Choice Model an agency would be hired to conduct the participant's needs assessment. The agency would help to determine the participant's strengths and areas where additional supports may be needed. This would inform the person-centered care plan. This agency would be separate from direct service providers. Please indicate your support of the participant's needs assessment being conducted by an independent agency by marking an answer below.



Choice of Case Manager: 18 (62%) support or strongly support this idea; 3 (10%) neither support or disagree; 8 (28%) disagree or strongly disagree with this idea.

Q3 Choice of an independent case manager or a case manager who works for the agency providing direct services. In the Choice Model, all participants would have the option of choosing an independent case manager or a case manager who works for the same agency who provides the direct services. The case manager's job is to complete the care plan and provide oversight and monitoring of the care plan. Please indicate your support of the participant choosing either an independent case manager or a case manager who works for the same agency who provides the direct services by marking an answer below.



Additional comments from providers are attached to this summary.

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

**Choice Model for Case Management
PARTICIPANT SURVEY
August 2021**

Options Counseling

In the Choice Model an agency would be hired to provide **options counseling** to all Choices for Care participants. The agency would ensure all participants are aware of the case management options and direct service options available to them, so they are able to make an informed decision about how they want their services provided. This agency would be separate from direct service providers.

Please indicate your support of options counseling conducted by an independent agency by marking an answer between 1 and 5.

- 1- I strongly support this idea
- 2- I support this idea
- 3- I don't support it but I'm not against it
- 4- I don't think it is a good idea
- 5- I strongly disagree

Independent Assessment

In the Choice Model an agency would be hired to conduct the **participant's needs assessment**. The agency would help to determine the participant's strengths and areas where additional supports may be needed. This would inform the person-centered care plan. This agency would be separate from direct service providers.

Please indicate your support of the participant's needs assessment being conducted by an independent agency by marking an answer between 1 and 5.

- 1- I strongly support this idea
- 2- I support this idea
- 3- I don't support it but I'm not against it
- 4- I don't think it is a good idea
- 5- I strongly disagree

Choice of an independent case manager or a case manager who works for the agency providing direct services.

In the Choice Model, all participants would have the option of choosing an independent case manager or a case manager who works for the same agency who provides the direct services. The case manager's job is to complete the care plan and provide oversight and monitoring of the care plan.

Please indicate your support of the participant choosing either an independent case manager or a case manager who works for the same agency who provides the direct services by marking an answer between 1 and 5.

- 1- I strongly support this idea
- 2- I support this idea
- 3- I don't support it but I'm not against it
- 4- I don't think it is a good idea
- 5- I strongly disagree

Please share any additional feedback or comments you may have about the Choice Model:

Please describe your role:

- I am a participant in Choices for Care (CFC)
- I am the guardian for a participant in CFC
- I am a family member of a participant in CFC
- Other: _____

Thank you for taking the time to complete this survey!

Please return this survey in the self-addressed stamped envelope or to the following address no later than Monday, September 20th, 2021:

Adult Services Division – Attn: Survey
Department of Disabilities, Aging and Independent Living
HC 2 South, 280 State Drive
Waterbury, VT 05671-2020

Q4 Please share any additional feedback or comments you may have about the Choice Model.

Answered: 17 Skipped: 13

| # | RESPONSES | DATE |
|---|--|--------------------|
| 1 | I think there is an inherent conflict of interest in the case manager working at the same agency as the service provider and it something a participant will not be aware of even after they start their service plan. Additionally, clients are often told that there's only one agency available to them because of lack of staffing rather than pushing agencies to find more staff or even contract with outside agencies. This failed structure- where there is no competition for home health providers- leaves participants at home without providers more than a system with large numbers of potential home care providers would. It forces Vermonters who want to stay in the community into LTC facilities and/or leaves them facing injury from lack of support/care at home. | 9/28/2021 10:45 AM |
| 2 | While we understand the concern about federal requirements, we are concerned that the Choice Model as we understand it (though few details are available) will further strain an already insolvent Choices for Care program. The model seems likely to further divide a limited workforce and add more administrative cost and burden to the program. The benefits of this model seem limited. Based on our experience with external case managers, an independent needs assessment is likely to overstate the needs of the participants at a time when it's difficult to meet the existing needs of participants. It's not unusual for a home health agency to have to reassess a participant once in the home when the needs have been determined by another organization. | 9/21/2021 10:04 AM |
| 3 | I have concerns about adding an additional layer and expense to this program that is already a struggle to provide, as well as fracturing the oversight and coordination further and what that means for patients. | 9/20/2021 3:17 PM |
| 4 | For continuity of care having Case Managers and direct care workers from the same agency gives a true care team approach. Case Managers do not see patients to perform direct care, have different supervisors but meet regularly to discuss clients. | 9/16/2021 4:03 PM |
| 5 | Currently, options counseling is provided by the independent agency or the home health agency depending on how the potential client is referred for an initial assessment for services. This system works very well. Insisting the work be done by the Independent agency is inefficient and would potentially slow the provision of services. Adding the independent agency to the mix when the potential client already has a home health agency involved is also very confusing for clients. | 9/13/2021 7:41 AM |
| 6 | The Choice Model is basically what we do now with a new name and would not be "conflict free case management" at all. CFC clients now choose which case management agency they want but the conflict of interest is still there if even one of the choices is a direct care agency. I would like to know how many client's case managed by the VNA also receive assistance from Bayada and ARIS. My guess is few to none although I have no proof. The conflict remains as long as a direct service provider case manages their own clients and profits from that case management relationship. The conflict doesn't magically disappear because the client chose the direct provider to provide case management. The client's have always chosen the CM agency. AAAs get nothing from being impartial and offering services through VNA, Bayada or ARIS. AAAs offer true conflict free case management because they don't profit in any way from the client's choice. VNA absolutely benefits financially from the case management of their clients. THAT is the conflict. This survey means nothing since your Choice Model will not remove the conflict and will allow direct service providers to continue to benefit financially from the CFC clients they case manage. The clients have always had a choice. The conflict remains. Re-naming what we already do and continuing to allow direct service providers to case manage their own clients is not addressing the issue. The conflict is the same, re-naming a problem doesn't make the problem go away. I didn't bother to answer the survey questions because it doesn't matter. Your solution changes nothing | 9/3/2021 9:29 AM |
| 7 | AAAs are perfectly positioned and trained to be the independent agency to provide case | 9/2/2021 11:13 AM |

Choice Model for Case Management in Choices for Care: Stakeholder Feedback Survey (2021)

| | | |
|----|--|--------------------|
| | management services. | |
| 8 | will there be a mechanism to ensure that low referral rates are seen as potential red flags? | 9/1/2021 11:02 AM |
| 9 | Unless there is a way to assure that case management, under the agency providing direct services, can provide non-biased information that allows for choice and the option to change to services provided by other agencies (if not satisfied with the current provider) - it will not really be conflict free. | 9/1/2021 9:50 AM |
| 10 | As a case manager who works for an agency who provides caregivers, this has not stopped me from using all agencies and supports that best support my clients. Case Managers must be able to be for the client 100 percent without any conflict. We are working for the client and need to be 100 percent focused on their need not swaying them to our agency. I don't see this happening on our team but in the big picture, it seems like if case management was an independent agency offering or a state position that could do all of the options counseling, assessments and person centered planning, it would make more sense then having the case managers working for any agencies that provide other direct care services in the community. That would solve a large part of this being "conflict free". Either have the agency stop trying to provide PCA service and CM or do one or the other. And also the other factor is only having the ability to use bayada and UVMHN HHH for PCA's in the community under traditional CFC. If that was opened up to agencies all over, this would help with the shortage of caregivers statewide and all this perceived conflict. | 8/27/2021 12:55 PM |
| 11 | I am curious if you can clarify who will complete the ILA that determines the budget. Is that the case manager after the independent agency does options counseling and person centered planning? Who would complete annual reassessments? The independent agency or the case manager? Would an independent agency operate statewide and be a function of DAIL? Or, is there an expectation that communities would create their own agencies to serve in this way? Would these agencies provide options counseling and assessments for multiple waivers (ie. TBI, DS, CFC, etc?) Currently, case management agencies lose funding when completing assessments and the client does not end up getting approved. Would the independent agency get a flat rate to do this regardless of client approval? I'm very curious to learn more. I do think the Choice model is the best possible compromise to allow clients to stay with their preferred case management provider while simultaneously putting in safeguards for "perceived" provider preference. | 8/25/2021 8:15 PM |
| 12 | These choices already occur. An individual is already provided choice of CM agency as well as choice of services providers. Being professional means providing all options to each person regardless of one's affiliation with service providers. (I realize not everyone has same level of integrity--maybe that should be evaluated??) Also why can't this just be done by LTCCCs? And increase LTCCCs in community. Also in light of the monstrous deficit of care attendants and people not having their needs met even minimally, it seems it'd be better to focus on getting people's needs met instead of creating new positions and adding yet another layer of beaurocracy someone has to maneuver. | 8/25/2021 3:40 PM |
| 13 | I assume this would be an independent agency, not a AAA Assume Moderate Needs Group is included VNA clients do not always have VNA PCA staff | 8/25/2021 11:44 AM |
| 14 | I don't feel that these solutions solve the problem. The case manager should not be affiliated with the agency providing the direct service. | 8/24/2021 12:53 PM |
| 15 | I believe the way things are now work well for the small community we live in. I continue to advocate for my clients regardless of the agency I work for and put their rights and needs at the forefront. | 8/24/2021 12:39 PM |
| 16 | I believe it's important that participants have consistency in their services. It's helpful when the case manager is able to be involved in multiple aspects of the client's care from as early as possible, unless there's a clear conflict that impairs or creates an unfair bias in the services. Just the process of applying and being assessed for CFC is an overwhelming and confusing process with more people contacting participants than they are able to keep track of. More training on how case managers can be conflict-free while continuing to provide varying roles/levels of support to one participant would be more helpful than diverting the services to other agencies or new positions in my opinon. | 8/24/2021 12:01 PM |
| 17 | Having all services under 1 umbrella seems to be a more effective concept-for both the client and the agency providing care. Adding more entities into the client's plan of care can muddy processes for the client and caregiver. | 8/24/2021 11:34 AM |