Conflict of

Date	March 21, 2023	**Time**	2:00 – 4:00 pm EST
Location	PUBLIC REGISTRATION LINK: https://healthmanagement.zoom.us/webinar/register/WN_fUq-l45hS0W4k24aH_rmTg		
Attendees			
Advisory Committee Members	☒ William Ashe ☒ Maxwell Barrows ☐ Belinda Bessette ☐ Michele Corrow ☒ Keith Grier ☒ Chandar Hall ☐ Jessica Leal ☒ Marlee Mason ☒ Nicholas McCardle ☒ Kirsten Murphy ☒ Traci Osterhoudt ☒ Lindsey Owen ☒ Gloria Quinn ☐ Thomas Rees ☒ Kate Reilly ☒ Christopher Rotsettis ☐ Marla Simpson ☐ Cinn Smith ☒ Nicole Villemaire ☒ Deborah Wesley ☒ Susan Yuan	**AHS Steering Committee Members**	☒ Dylan Frazer ☒ Conor O'Dea ☒ Wendy Trafton ☐ Tracy O'Connell ☒ Fran Hodgins ☒ Bard Hill ☒ Angela McMann ☒ Alexandra Nerenberg ☒ Jeffrey Nunemaker ☐ Dana Robson ☒ Eva Dayon
		HMA Staff	☒ Sharon Lewis ☒ Boyd Brown ☒ Liz Preston ☒ Destiny Walters

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Meeting Goals

- Update on the Conflict of Interest effort
- Discuss roles and functions of case management and HCBS providers

Vermont HCBS-COI Advisory Committee Meeting
March 21, 2023

Meeting Minutes

1. **February Advisory Meeting Follow-Ups**
    a. CMS has approved Vermont's Corrective Action Plan. The plan can be found here.
    b. Updates on Stakeholder Engagement Activities:
        i. Provider Survey: Vermont organizations that deliver home and community-based services, case management, and service coordination shared data on their workforce with HMA and the State through a provider survey.
            1. Gloria: From the DS perspective, the survey was time-consuming. They believe the survey didn't capture information on service coordination goals in a meaningful way. She also believes questions didn't capture the reality of service delivery.
            2. **Action Item**: If providers have feedback on the survey, this should be submitted to the HMA team within the next week. This information is essential to the assessment.
        ii. Journey Mapping: Interest was received from the Developmental Disabilities Service system for journey mapping discussions. Due to a lack of interest, the team will not meet with Journey Mapping groups for the other four programs.
        iii. Public Surveys: Two public surveys are out now with a focus on (1) service recipients and their families, and (2) frontline staff. The surveys focus on roles and functions that case managers perform in a detailed way. The Advisory Committee should promote this survey. Feedback from this survey will be shared at the next Advisory Committee meeting.
            1. Questions/Comments
                a. Bill: Is there a possibility that case managers may have different functions across different populations? Or will there be a universal model for all populations?
                    i. This isn't certain yet. There is a lot of variation across all five programs. The State is looking into all possible options.

iv. Case Management Definition:
    1. CMS gives states flexibility in how they define case management. The requirements of a case manager are defined by each state.
    2. Case Management is a set of activities that help people in a program receive needed services. This includes assessment of needs, assistance in accessing resources, person-centered service planning, and service monitoring.
    3. In Vermont’s 1115 Medicaid waiver, case management includes:
        a. Comprehensive assessment: An assessment of a person’s needs.
        b. Service planning and development of the person-centered plan: Developing a document that describes people’s goals and needs, and how services will be delivered to support them, and supporting service referrals to providers and resources.
        c. Service coordination and monitoring: Making sure the services delivered are consistent with needs.
        d. Collateral contact with persons involved and/or designated by the enrollee: A case manager can engage with the broader circle of people supporting a person.
    4. Functions of case management may require a team. Activities within case management must happen in a way that is not in conflict with the delivery of direct services and supports.

v. References to Case Management Functions:
    1. When we speak of case managers, we are talking about a similar role to a service coordinator in some of the Vermont programs.
    2. There are coordination activities that may be part of service delivery that could stay this way, yet those key components of case management (needs assessment, service planning,

linking and referrals, and service monitoring) must be conflict-free to protect participants' rights.

vi. Themes from Introductions in February
    1. In our introductory meeting, the Advisory Committee talked about choice, people and relationships, community, and family.

2. Case Management Functions

a. Case management is a "linchpin" in HCBS. Good case management should balance both representing a person's interests and supporting implementation of the rules of the system. Case management is not the direct delivery of direct services and supports.
    i. Gloria pointed out that while case management is not the delivery of services, she would like to see this done collaboratively and interdependently with case management/service coordination.
    ii. The team will need to find how things connect and how roles are defined. There is a lot of gray area. In pulling apart case management and service delivery, we need to figure out what this looks like now and how we want this to look.
b. HCBS/Case Management Functions that are primarily the responsibility of the state/require state oversight:
    i. Financial and functional eligibility can only be done by the State or another governmental entity. Nonprofit/provider organizations can help provide important information, but the determination of eligibility is ultimately the State's decision.
        1. When we talk about key functions of a case manager/case management entity, eligibility is not of the functions that an external non-governmental organization would complete.
    ii. Authorization/approval of services: Depending on State decisions, separation between the case manager developing the plan and the approval of services is important for reducing conflict. A third party may approve services, but the State provides oversight of the approval of budgets and authorized services.
c. Avoiding Conflict Roles and Responsibilities: An entity free of conflict will play a key role across each area of case management:

i. Eligibility and enrollment: Helping people learn about services. This may include pre-enrollment and how to find information. State responsible for determining eligibility and renewals.
ii. Needs assessment: Figuring out one's needs - both informal and standardized process. While no two people are the same, there should be equity in needs determination.
iii. Person-centered planning: Talking about what is important to/for a person, identify a person's goals and strategies.
iv. Referral and linking: Making sure services and supports are aligned with needs an d preferences. In COI system, service decisions are in the best interest of the person, not the provider.
v. Service/resource approval: Must be equitable and rational – rely on transparent and fair processes.
vi. Service monitoring and coordination: Regularly monitoring person's progress towards goals, ensuring services are delivered, performing problem-solving and advocacy, quality oversight.

d. Service providers also play an important collaborative role. In an unconflicted system, their responsibilities become clearer:
    i. Eligibility and enrollment: Providing referrals to unconflicted organizations. Ultimately, the State determines eligibility.
    ii. Needs assessment: Contributing valuable data to inform the needs assessment. They also perform other assessments within individual services (eg, functional behavioral analysis).
    iii. Person-centered planning: Participating as a contributor at a person's request. Providers are a trusted resource for ideas and plan strategies.
    iv. Referral and Linking: Communicating regarding capacity, staffing, and strengths of provider organization. They can coordinate to make direct services happen.
    v. Service monitoring: Performing day-to-day coordination and tracking towards goals. Providers also communicate a person's changes, problems, and needs.

3. **Case Manager/Service Coordinator Analogies**: If you had to describe the difference between the role of the case manager and role of the direct HCBS provider to someone who knows nothing about services, can you think of an analogy (a comparison or idea that might have a similar relationship)?
   a. A case manager is like google maps or the waze app that helps you search and navigate, while the HCBS provider is the driver of the car who gets you where you want to go.
      i. Gloria: Google Maps may want to take the most direct route, but the passenger may want the scenic route. The people in the passenger's life will know this and customize their route. Service coordinators should collaborate to provide individualized experiences. Collaboration is essential for the "perfect route."
   b. A case manager is like a server in the restaurant who helps you find a table you want, offers the menu, answers your questions, and checks with you to make sure your meal is what you wanted and needed – while the HCBS provider is the chef who fixes your favorite meal just as you like it, makes sure to avoid the foods you are allergic to, and adds the bit of sweetness or spice to your day.
      i. Traci views case management services like hamburgers/fries and hot dogs/onion rings. A person may want a hot dog/fries, and the case manager's job is to figure out how to get someone a bit of both.
   c. Kirsten: A case manager is like a school counselor. They help in signing up for classes and making goals. Providers are like teachers or coaches who try to help achieve a student's goals.
   d. Bill is wary of analogies. Case managers should know and care about the individual and be an advocate that is passionate on the individual's behalf regardless of their role.
   e. Susan: The case manager should know a client intimately. What is being described sounds too far removed from what she wants in a case manager.

4. **Discussion: Roles and Functions**
    a. The Advisory Committee was asked to think about examples of activities/tasks across four functions of case management that must be done without conflict.
    b. Kate: In service monitoring, someone may receive services from the same agency as their case manager. Clients may not complain because they're afraid it will affect their services.
    c. Max: Person-centered planning meetings -- Who is invited and what is discussed in this process? Max wants the conversation to be about his goals for a fulfilling life, not just services.
        i. Max would like to have someone to speak with on difficulties within his provider without having to butt heads with his provider directly. An external case manager would help with this.
        ii. Max has also had experiences with people seeking help with services when he doesn't have the ability to help. He wants better information for people with disabilities, and someone each person can call to help resolve problems.
    d. Nicole echoed Max's points. She feels stuck and struggles to find answers in a provider agency. It is hard to determine who represents her, and protects her rights.
    e. Dar: For folks like me on flexible choices we have to be our own case managers. Where does our population fit in? I'm hoping some options will be explored at some point for the flex choices folks.
        i. If you are participating in self-directed services, there may be more of a lighter touch for case management or service brokering. We will need to assess what supports are needed to engage well with the system and to have needs met.
        ii. Angela noted that people who are participating in flexible choices can access case management services, if they choose to.
5. **Public Comment**
    a. David Bogdan: Familiar with a situation where two people with disabilities in a shared living environment. If both want to participate in an activity (eg, the Special Olympics), they are forced to participate in the same sport by providers regardless of their desires because it is

more convenient for the providers. He hopes this will be addressed in the changes to the system.

6. **Next Steps**
    a. We need to have more Committee discussion about Roles & Functions. We will continue the conversation at the next meeting.
        i. **Action Item**: HMA will send out an email template to help members think further about examples of functions that involve/don't involve conflict.
    b. Keith wants the group to discuss what case managers and service coordinators do within each program. Keith stresses that we are operating in an environment of scarcity and a workforce crisis. It is hard to look to the future when we are in a staffing crisis today.
    c. Advisory Members: remember to share links to the two case management surveys with program participants and staff. The more responses we have, the better information we have.
        i. Discussion – Can we have more time? Agreement to extend the case management survey response deadlines to March 29.
        ii. **Action item**: HMA will extend the survey deadline and send out more emails reminding people to fill out the surveys.
    d. April Advisory Committee Meeting: Our scheduled April 25th meeting conflicts with a Green Mountain Self Advocates conference. After assessing the Advisory doodle poll, the meeting will be moved to May 4th. We will keep the May 16th meeting as scheduled with the following focuses:
        i. May 4th: Continue the conversation about functions and roles. Initial feedback from the assessment report will be discussed.
        ii. May 16th: The committee will delve into the assessment. As we have people in different programs with different concerns, we will break the committee into three separate groups. We will ask if members are most interested in participating in a conversation on DS services, DMH services, or CFC/TBI services.