

# Vermont HCBS-COI\* Advisory Committee

February 22, 2023

\*Home and Community-Based Services - Conflict of Interest



# Notice: Meeting Recording

Please note that this meeting will be recorded. This recording and all paper and electronic copies of materials presented or shared on the screen will be subject to Vermont's Public Records Act, 1 V.S.A. §§ 315 et seq., and will be made available to the general public upon request. Participants are responsible for ensuring that no confidential or proprietary information is presented or discussed in the meeting and associated materials. This recording may not be deleted or destroyed except as provided under record retention schedule of the Department of Vermont Health Access.

# Agenda

- Welcome and Introductions
- Case Management and Conflict of Interest
- Vermont's Plan
- Stakeholder Engagement
- Housekeeping and Wrap-Up



# Introductions



## **HCBS-COI Advisory Committee Members**

- Name, role or perspective
- What are you most worried about?
- What are you most excited about?

## **Agency of Human Services (AHS) Steering Committee Members**

## **Health Management Associates (HMA) Staff**

# Medicaid HCBS Case Management

(also called Service Coordination)



**Why is case management so important in HCBS?**

**What are case management functions?**

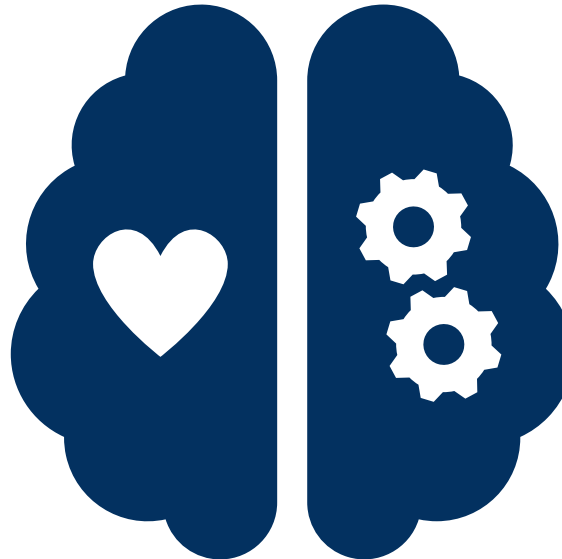
**What are NOT case management functions?**

**Who gets HCBS case management in Vermont?**

# HCBS Case Management

Good Case Management is often called a “linchpin” in HCBS

It helps **people** access services and supports to meet their needs and reach their goals



It helps **systems** operate programs, follow rules, and ensure service quality

**Case management is the bridge between program participants (people) and the state authority (systems)**

**([Merriam-Webster](#) defines a linchpin as something that serves to hold together parts that function as a unit)**

# Case Management Functions

Case Management Role	Eligibility* and Enrollment	Needs Assessment	Person-Centered Planning	Referral and Linking	Service/Resource Approval	Service Monitoring & Ongoing Coordination
 <p><b>Helps people</b></p>	<ul style="list-style-type: none"> <li>• Learn about services</li> <li>• Apply for services</li> <li>• Make program choices</li> </ul>	<ul style="list-style-type: none"> <li>• Identify their service and support needs</li> </ul>	<ul style="list-style-type: none"> <li>• Identify what is important <b>to</b> and <b>for</b> them</li> <li>• Identify goals and strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Understand options</li> <li>• Make choices about services and supports</li> </ul>	<ul style="list-style-type: none"> <li>• Know what resources will be available to them</li> </ul>	<ul style="list-style-type: none"> <li>• Problem-solve</li> <li>• Make sure they are getting their services</li> <li>• Stay healthy and safe</li> </ul>
 <p><b>Helps systems</b></p>	<ul style="list-style-type: none"> <li>• Enroll eligible people</li> <li>• Keep records</li> <li>• Follow rules</li> <li>• Seek equity</li> </ul>	<ul style="list-style-type: none"> <li>• Understand peoples' needs</li> <li>• Follow rules</li> <li>• Seek equity</li> </ul>	<ul style="list-style-type: none"> <li>• Match people's preferences and needs to options</li> <li>• Be culturally responsive</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure people have choices</li> <li>• Maintain local knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Plan and budget</li> <li>• Manage resources</li> <li>• Seek equity</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor/improve service quality</li> <li>• Reduce over/under utilization</li> </ul>

\*Eligibility determinations are a state agency responsibility that can only be delegated to another governmental entity

# What are NOT Case Management Functions?

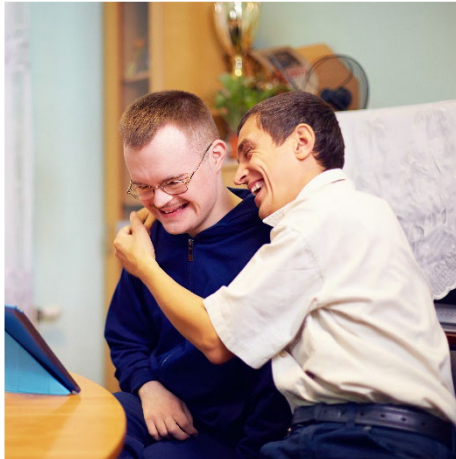
## In Medicaid, Case Management does not include

- Direct delivery of medical, social, educational, or other services
- Activities or services that are central to other covered Medicaid services





# Vermont HCBS programs with Case Management



## Department of Disabilities, Aging, and Independent Living

- Choices for Care
- Developmental Disabilities Services
- Brain Injury Program

## Department of Mental Health

- Community Rehabilitation and Treatment
- Intensive Home and Community-Based Services (formerly Enhanced Family Treatment)



# Medicaid Conflict of Interest Rules

(Conflict-Free Case Management)



**What do the rules say?**

**What are examples of Conflicts of Interest?**

**Why is addressing Conflict of Interest important?**

# Federal HCBS Conflict of Interest Rules

## Medicaid rules [42 CFR § 441.730(b)] set conflict of interest standards

**Conflict of interest standards.** The State must define conflict of interest standards that ensure the independence of individual and agency agents who conduct (whether as a service or an administrative activity) the independent evaluation of eligibility for State plan HCBS, who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan. The conflict of interest standards apply to all individuals and entities, public or private. At a minimum, these agents must not be any of the following:

- (1) Related by blood or marriage to the individual, or to any paid caregiver of the individual.
- (2) Financially responsible for the individual.
- (3) Empowered to make financial or health-related decisions on behalf of the individual.
- (4) Holding financial interest, as defined in [§ 411.354 of this chapter](#), in any entity that is paid to provide care for the individual.
- (5) Providers of State plan HCBS for the individual, or those who have an interest in or are employed by a provider of State plan HCBS for the individual, except when the State demonstrates that the only willing and qualified agent to perform independent assessments and develop person-centered service plans in a geographic area also provides HCBS, and the State devises conflict of interest protections including separation of agent and provider functions within provider entities, which are described in the State plan for medical assistance and approved by the Secretary, and individuals are provided with a clear and accessible alternative dispute resolution process

**That's a lot of words... What does it mean?**

# The Medicaid Rule says...

**To protect the rights of participants, organizations can't be both service providers and case managers\***

(\*with some very rare exceptions)

## **Functions that must be independent from direct service delivery:**

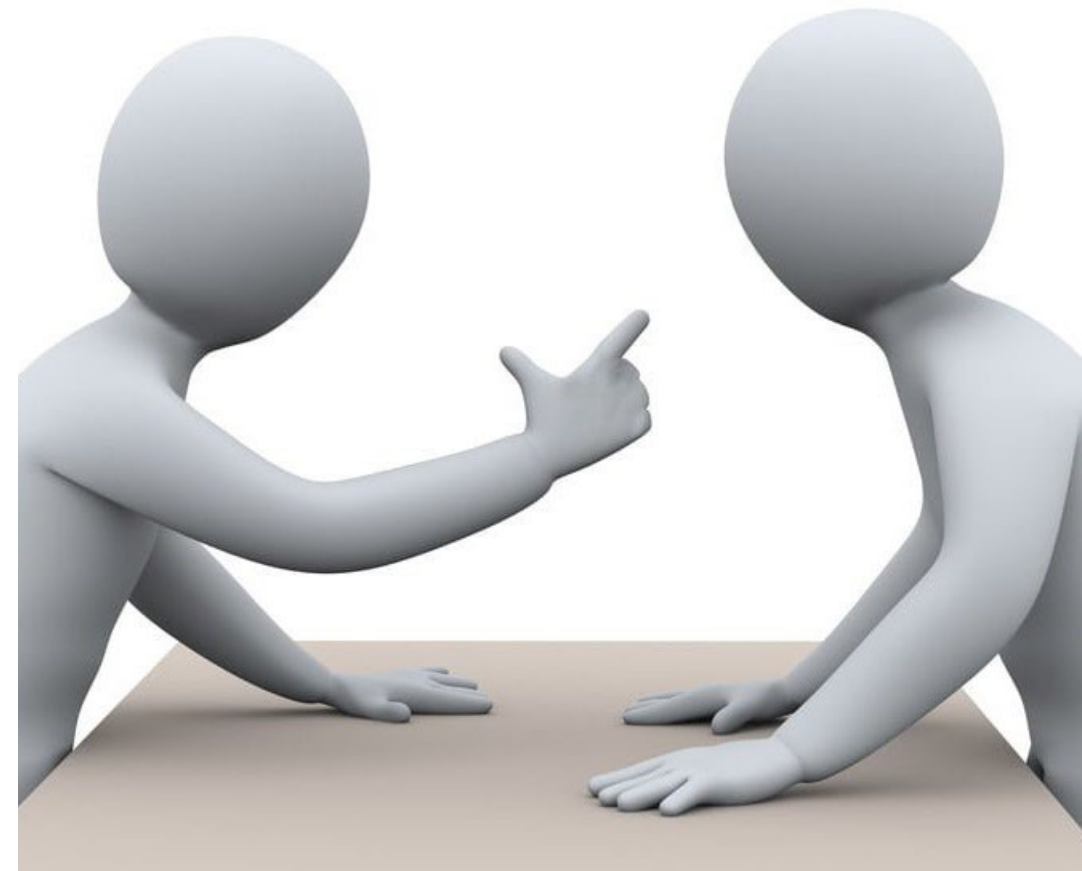
- Eligibility evaluations/determinations
- Needs assessments
- Development of the person-centered plan (including service referrals)

## **And the people delivering those functions must not have other conflicts:**

- May not be a family member of the participant or a paid caregiver
- May not have legal power to make financial or health-related decisions
- May not be financially responsible for the participant
- May not have a financial interest in organization(s) paid to provide services

# Conflict of Interest Issues

- People may be “steered” towards certain services or settings, or away from others (on purpose or unconsciously)
- There may be incentives to drive low or high use of services (over or under utilization)
- Lack of independent standard assessment process may result in inequitable (unfair) eligibility, resource allocation or access to services
- Hard for professionals to oversee their peers’ performance (or worse, investigate incidents)
- Difficulties with defining and evaluating quality



# What potential conflicts do you see?

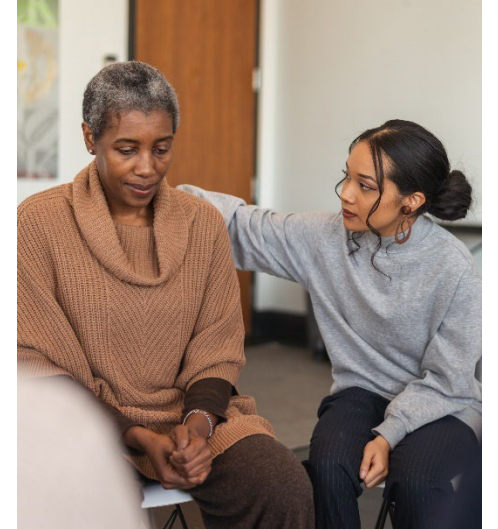


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# The “Whys”

Federal Medicaid requirement  
Protecting rights of participants  
Supporting choice  
Clarity of roles  
Improving oversight and quality  
Equity





# Questions? Thoughts?



# Vermont's COI Efforts

Moving forward



**COI Goals**

**CMS Plan of Correction**

**Other (related) initiatives**

# Vermont's HCBS COI Goals

## Complying with federal Medicaid requirements, while

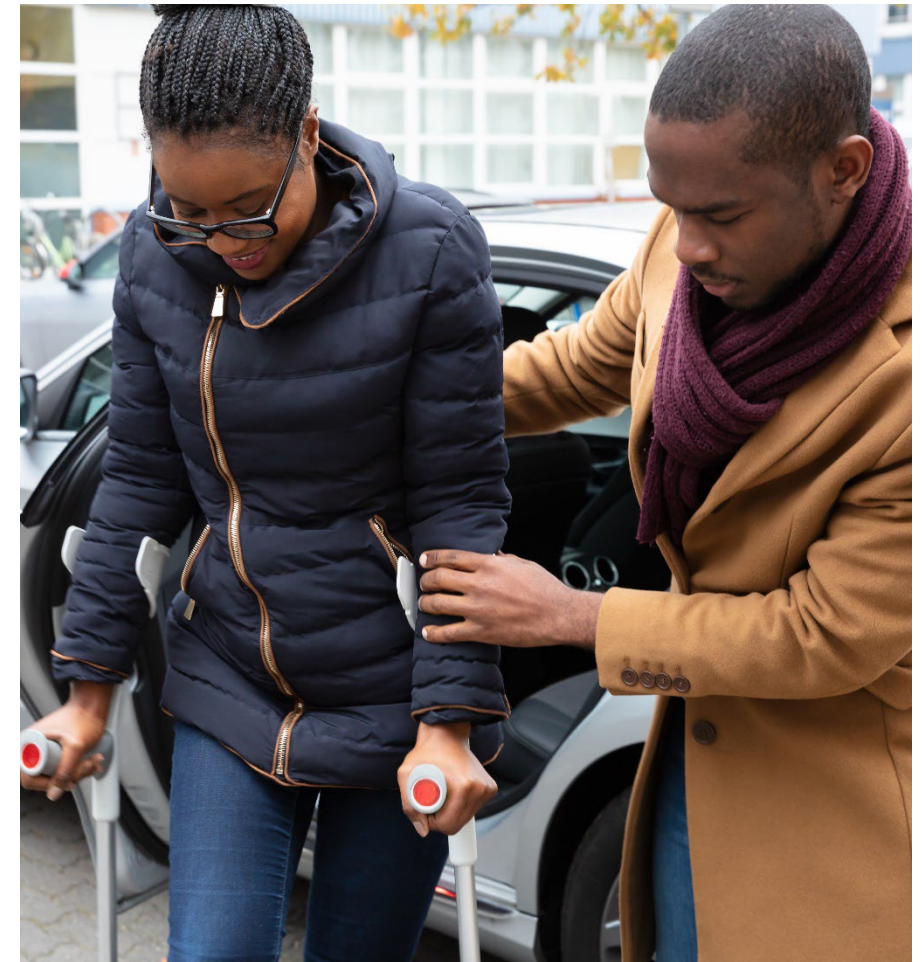


- Acknowledging Vermont's commitment to a robust HCBS system that offers meaningful community integration, choice, and self-direction, and strives to promote health, wellness, and improved quality of life
- Minimizing disruption to program participants and families
- Seeking to avoid approaches that may further destabilize existing providers due to workforce shortages and pressures
- Addressing conflict issues transparently, with strong stakeholder engagement
- Improving quality and equity in HCBS delivery
- Building on previous and ongoing work in the areas of HCBS and case management

# CMS Plan of Correction

## Major milestones

- **Stakeholder Engagement:**  
Ongoing
- **HCBS System Assessment:**  
April 2023
- **Options and Draft Recommendations:**  
Summer 2023 - Late 2023
- **Reimbursement/financial modeling:**  
Spring 2023 - Spring 2024
- **Implementation Planning:**  
Throughout 2024
- **Implementation:**  
Mid-2025



# Related Initiatives

## AHS is also investing in other activities to improve HCBS, including:



- Health, Welfare, and Safety
  - HCBS Quality Improvement
  - Critical Incident Reporting
- Provider technology infrastructure
  - Medicaid Data Aggregation and Access Program
- Provider recovery and stabilization
- Expanding services (e.g. Supportive Housing Assistance, Peer Supports, Enhanced Dental)
- Exploring a Certified Community Behavioral Health Clinic Model
- Additional activities to enhance, expand, and strengthen Medicaid HBCS in the state's [HCBS Spending Plan](#)



# Questions? Thoughts?

# Stakeholder Engagement

**Understanding the Communications Efforts**

**Advisory Committee**

**System Assessment:  
Surveys and Groups**

**Discussion: Outreach Ideas**



# Stakeholder Engagement

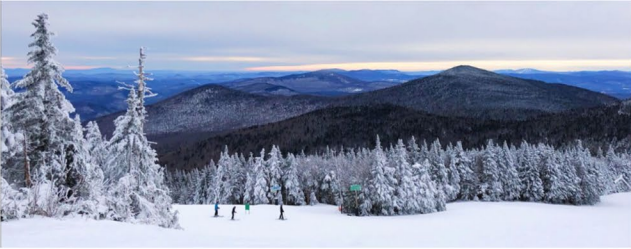


# Vermont HCBS-COI email list

- Launched January 24, 2023
- Monthly updates
- Timely or event-based emails
- Currently 315 participants
- [Sign up or manage preferences at this link](#)
- [Archive of prior emails available at this link](#)
- Please add [info@vermonthcbs.org](mailto:info@vermonthcbs.org) to your contacts to avoid SPAM

January 24, 2023

## Vermont Home and Community-Based Services Conflict of Interest (HCBS-COI)



Welcome to the first edition of the Vermont Home and Community-Based Services Conflict of Interest (HCBS-COI) Newsletter

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### What is the HCBS-COI project?

The Vermont Agency of Human Services (AHS) is changing case management to meet federal HCBS rules. The HCBS-COI project is working on these changes. For more background information, see below, or [visit Vermont's HCBS Conflict of Interest webpage](#).

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### What is this email list?

AHS plans to send out monthly email updates about the work of the HCBS-COI project. AHS may also send out special emails about the project at other times, too. The emails may include information like:

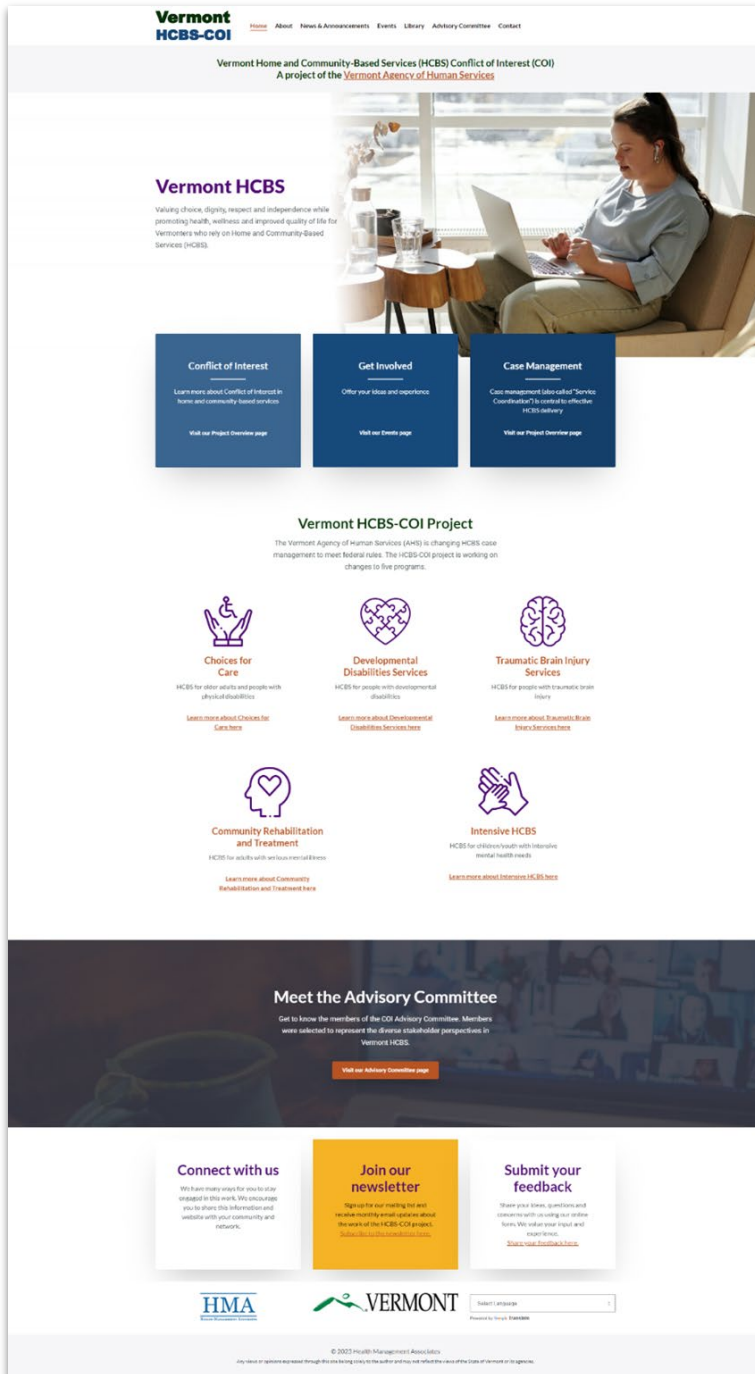
- Updates about the HCBS COI Advisory Committee
- Opportunities to share your ideas and experiences
- Information about things that may change

You can [set up your choices about how you want to receive these emails by clicking here](#). You can also [choose to leave this email list at any time through this link](#). Or you can [email Liz Preston, liz.preston@healthmanagement.com](mailto:liz.preston@healthmanagement.com), to be removed.

Was this email forwarded to you? [Add yourself to our email list here](#). Your email will only be used for information about Vermont HCBS.

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# Vermont HCBS-COI Website

## Sneak Peek

### +audience

- People who receive HCBS and families
- Advocates and stakeholders
- Providers & partners
- State agency staff and Advisory Committee

### +effort

- Build a stand-alone website to act as an information, resource and engagement hub for HCBS-COI efforts.
- Focus on providing a positive experience for all users ensuring the site is **508/WCAG compliant and accessible** taking into account adaptive technology, language accessibility, visual representation, etc.
- Website to include accessibility plugin, Advisory Committee password protected page, latest project information, links to reports, feedback form, event/engagement calendar, and more!

## Official launch of the website in March

# HCBS-COI Advisory Committee



- 21 members with diverse backgrounds
- Will meet most months in 2023
- Meetings open to the public
- Information about the Advisory Committee shared through email and HCBS-COI project website

# Provider Workforce Survey

**Goal is to develop a deeper understanding of Vermont's unique HCBS providers and address gaps in data**

**Surveys specific to DMH and DAIL programs**

**Draft surveys shared with providers for revisions**

**Capture data about organizational features and resources that serve as indicators for workforce and overall provider capacity and stability**

**Focus on workforce who deliver case management functions and direct support services, including frontline staff and their direct supervisors**

**Collect information from senior leadership that oversee case management, direct services staff**

**Seek to understand where there is overlap and potential conflict of interest within individual jobs or situations**

# Provider Survey Timeline

- Collaborate with providers on draft survey: February 8 - 17 (meetings, virtual workshops, feedback)
- HMA hosts survey "launch" webinar: February 23
- Surveys open for provider completion: February 23 - March 9
- Virtual "open houses" to answer questions and support providers: February 27 and March 1
- HMA follow up with providers: March 10 - 21
- Aggregate findings will be part of HCBS COI Assessment, April



# Case Management Public Surveys



## Frontline Staff

Goal: Assess which case management/service coordination functions are provided by people in different roles

## Individuals and Families

Goal: Assess how individuals get connected to HCBS programs, and which case management functions are provided by people in different roles

**Timeline:** March 2023



# Journey Mapping Definition and Purpose

- A process to help understand a person's experience in a system
- Can help find ways to reduce a person's effort, increase satisfaction, improve systems
- We also hope to understand roles and responsibilities of key players and potential conflicts of interests in the system

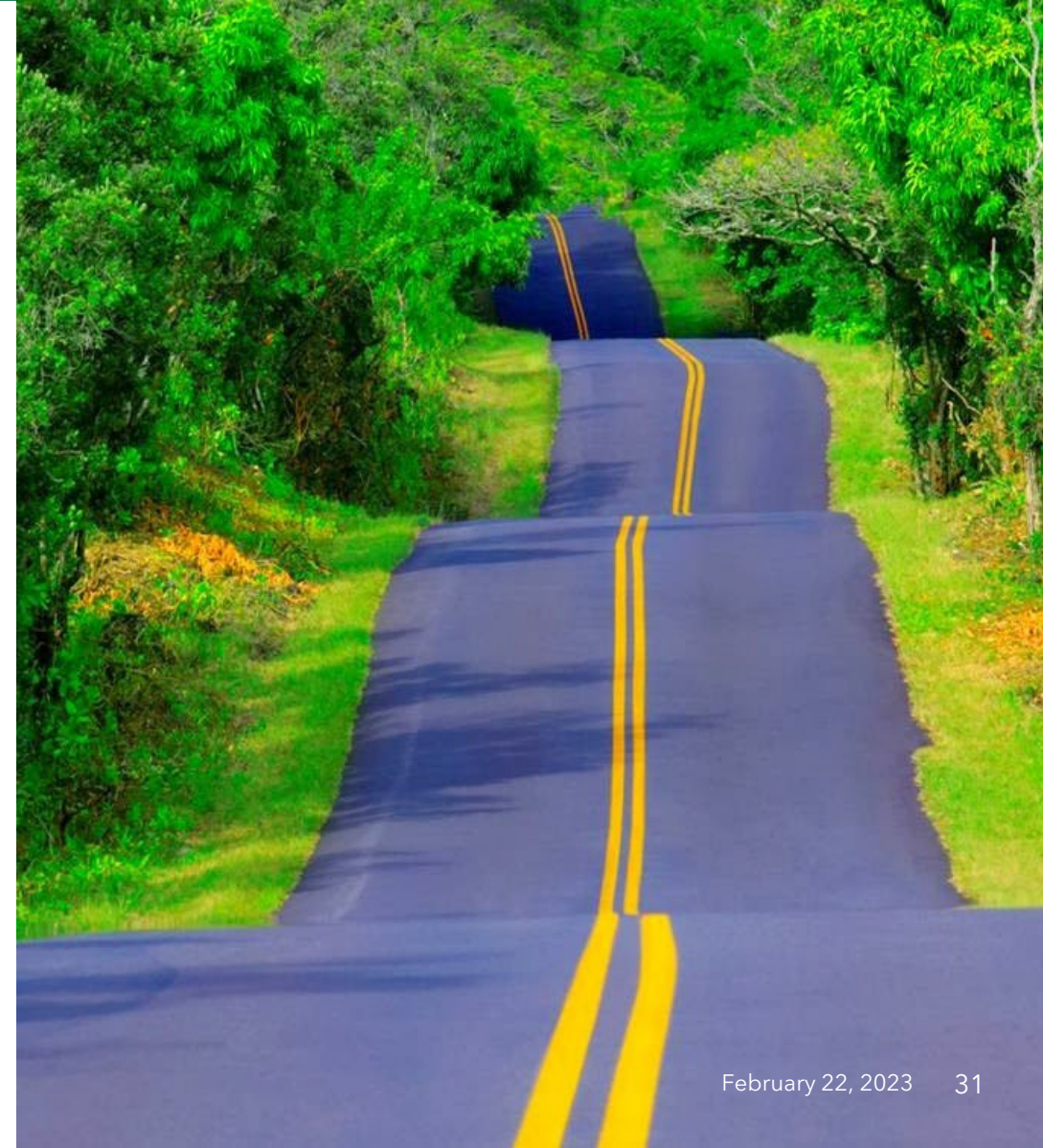
# VT Journey Mapping Approach

The **goal** of the Vermont journey mapping is to learn about a person's journey through the case management "touch points" in the system.

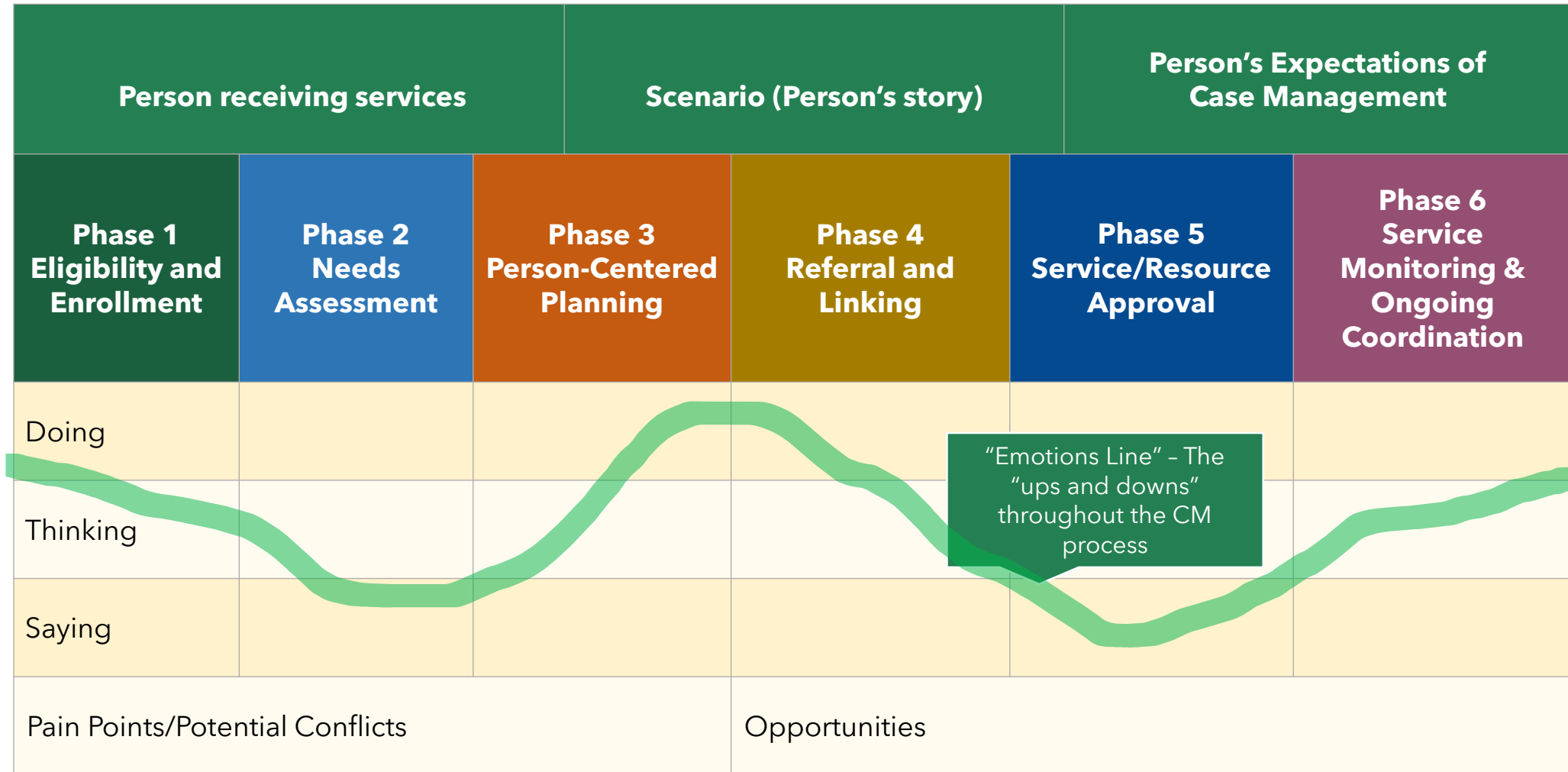
We will be looking for real and perceived conflicts, and understanding of key roles and responsibilities of different people in the system.

## **Journey Mapping Process :**

- Members of the groups will be people who receive HCBS and/or family members
- Each focus group will have up to five (5) participants
- Focus groups will be organized by the five different Vermont HCBS programs
- Each group will be facilitated with a structured process
- Length of sessions - 90 minutes each



# Vermont Journey Map Template





# Discussion: Outreach Ideas?

## Journey Mapping Focus Groups

- Looking for persons served and family members across the five Vermont HCBS programs.
- Seeking participants that reflect the diversity of Vermont - geography, race, ethnicity, culture, age, and gender/sexual identity - and diverse experiences with systems.
- An upcoming email will provide a link to a brief interest form for people to sign up.

## Getting others involved

- [Please share the email list information widely](#)
- Other ideas to connect with interested communities?



# Wrap-Up and Next Steps