



Virginia Department of
Behavioral Health &
Developmental Services

Case Management Steering Committee
Semi-Annual Report

State Fiscal Year 2019
3rd and 4th Quarters

Case Management Steering Committee



Semi-Annual Report FY19 3rd and 4th Quarters

Executive Summary

In June of 2018, DBHDS established a Case Management Steering Committee (CMSC) to oversee and coordinate various activities designed to strengthen the Case Management (CM) system. Committee membership includes DBHDS Waiver Operations, Provider Development, Office of Community Quality Improvement, Office of Licensing, Settlement Agreement, and Data Quality and Visualization representatives. Due to the volume of activities underway and the complexity of the Case Management system, the committee gathers face to face bi-monthly data and maintains an interactive information sharing system for ongoing project oversight.

The CMSC reported to the Quality Improvement Committee (QIC) in March and June of 2019. Data reported to the QIC included results from the Community Service Boards (CSB) self-assessment study, results of the CSB Quality Reviews, and findings of the Partnership for People with Disabilities CM study. In conjunction with external stakeholders, the following work products were completed this reporting period: updating the online Developmental Disability (DD) CM Training Modules, development and publication of a DD Support Coordination Manual, and streamlining of the Individual Service Plan (ISP) in the Waiver Management System (WaMS). Projects continued from previous quarters include the finalization and reporting of the CSB Quality Reviews which included on-site visits for each of the 40 CSBs in the Commonwealth during the last two quarters of FY2018 and reported on in the 4th quarter of FY2019. Ongoing projects include implementation of a redesigned Support Coordinator/Case Management Quality Review process, funding a Transactional DD Support Coordination Pilot program for seven Community Services Boards (CSBs), and assistance with the Commissioner's request for CSBs to improve Case Management through monitoring of performance metrics for WaMS data exchange transition, meeting employment targets, and increasing the timeliness for Regional Support Team (RST) referrals. Case management performance data was submitted to each CSB in both the 3rd and 4th quarters, and reviewed by the CMSC. Data elements include measures of Enhanced Case Management face to face visit compliance, Regional Support Team timeliness of referrals, timeliness of Individual Service Plan (ISP) reviews, and Community Engagement and Supported Employment discussions and goal development.

DOJ Settlement Agreement Status

[The Independent Reviewer's 14th Report](#) to the Court submitted on June 13, 2019 included a study of the Case Management provisions resulting in the addition of a new compliance rating for the Commonwealth. This compliance rating is specific to community efforts in offering individuals choice of case management service providers (III.C.5.c). It is important to note, this is one of the nine targeted outcomes included in the CSBs Self-Assessment improvement initiative for which there has been 100% CSB participation. Also noted in the Independent Reviewer's 14th report, the Commonwealth has developed and implemented three broad initiatives to make substantive changes as essential precursors to fulfilling the requirements of the agreement. One of those such broad initiatives is the implementation a "multi-faceted initiative to improve and transform CSB case management services."

In response to the 2018 Court directive, negotiations with the Department of Justice (DOJ) resulted in a [set of measurable CM compliance indicators](#) agreed upon in April 2019. The purpose of the indicators is to add precise and measurable language for determining compliance of provisions currently in non-compliance status. Tables 1 and 2 below represent the correlation between the case management Settlement Agreement provisions in non-compliance at the onset of negotiations (8) and the resulting compliance indicators (38).

Fig. 1 CM Compliance as of June 13th 2019

Provision	Provision Description	Indicators
III.C.5.a	Individuals receiving case management services	
III.C.5.c	Providing choice of case management providers (as of 6/13/19)	1
V.F.1	Adhering to frequency of face to face visits	
V.F.3.a-f	Adhering to frequency of face to face visits for enhanced monitoring	
V.F.6	Training materials for case managers	
5	Total	1

Fig. 2 CM Non-Compliance as of June 13th 2019

Provision	Provision Description	Indicators
III.C.5.b.i	Assembling professionals for plan development	15
III.C.5.b.ii	Appropriate linkage to services	3
III.C.5.b.iii	Monitoring individual and implementation of the ISP	3
III.C.5.d	Mechanism for monitoring compliance with performance standards	4
V.F.2	Monitoring implementation of plan, risk, and plan development	6

V.F.4	Evidence at the policy level of reliable mechanisms to assess CSB compliance with their performance standards relative to case manager contacts.	2
V.F.5	Evidence at the policy level of a reliable mechanism to capture CM findings	4
7	Total	37

Quality Improvement Initiatives

CSB On-Site Quality Reviews

In response to the Quality Improvement Committee (QIC) monitoring of the case management data metrics and concerns regarding the quality of developmental disability case management data, the DBHDS Office of Community Quality Improvement (CQI) developed and implemented a Quality Improvement Initiative and visited each CSB over the course of the last two quarters of state fiscal year (SFY) 2018. CQIRM reviewed a total of 282 records across the state. An average of seven records was reviewed at each CSB. In the process of working on-site with individual CSBs, CIQ identified systemic as well as CSB specific issues. CSB specific issues identified were provided to each CSB in the form of a quality improvement plan. The following issues are included in the DBHDS April 2019 CSB Quality Review report with corresponding recommendations, many of which are already in process.

- Multiple EHR systems limit state-wide consistency of forms and processes and, depending on EHR vendor packages, report generating capability.
- Limited capability to identify and correct errors in data reporting in a timely manner.
- The current data reporting requirements exceed the capability of the CCS 3 platform.
- Limited Information Technology (IT) and QI staff with varying levels of expertise; difficulty with recruitment and retention of key IT and QI staff.
- Data coding and mapping issues in combination with lack of consistent ongoing processes to ensure data quality and integrity.
- Confusion about acceptable employment and community engagement discussion and outcomes.
- Physical and Dental exam discussions were not captured and/or coded.
- Confusion about ECM criteria and how to capture visits.
- Outcomes that are not measurable.
- Inconsistent recording of risks and attributes associated with risks.

- Regional Support Team (RST) referrals are not made as required and/or within required timelines.
- Lack of providers in key service areas, including behavioral consultation skilled nursing, in-home and personal assistance services.
- Support coordinator retention and recruitment impacts quality and continuity of services provided.

Work Products Completed

[Support Coordination/Case Management Training Modules](#) [Support Coordination Manual Developmental Disabilities](#)

The updated online Case Management Modules launched in March 2019 on a platform through the Partnership for People with Disabilities VCU (PPWD). The launch effort included a User Guide and official launch memo from the Commissioner. Each module includes a competency base assessment maintained on the PPWD website. Support Coordinators hired after March 1st are required to complete all 11 modules within 30 days of employment. Accessible online as well as printable, the DD Support Coordinator Manual has been finalized and posted on the PPWD platform. Figure 3 below shows the number of personnel statewide who started and completed all modules with a passing score.

Fig. 3 Case Management Module Completion 4th Quarter FY19

Month	Certificates Completed
<i>April 2019</i>	80
<i>May 2019</i>	114
<i>June 2019</i>	143
<i>Total</i>	337

ISP Outcome Development Trainings

DBHDS initiated ISP Outcomes Trainings across the state based on support coordinator feedback. A focused curriculum included: Identifying and Addressing Risk, Writing Measurable Outcomes, and Completing a Shared Plan. During this reporting period, 48 sessions were held providing training and materials to 1,678 participants.

Data Monitoring

Commissioner’s Accountability Measures

The Commissioner’s memo sent in December of 2018 included the following directive: “These three metrics are designed to establish common points of measurement across all CSBs. They are related to Performance Contract requirements and will adjust over time as reporting needs change. In some cases, your CSB might already meet the established targets. Where targets are not met, incremental review may lead to technical assistance, remediation, or contract modification. The Department needs your active participation to meet the targets by the deadlines listed below.” Two of the three metrics are monitored by the CMSC

1. By April 1, 2019, 70% of all ISP’s with annual plan prior to March 1 entered into WaMS.
↓ **Not Met – deadline extended to July in consideration of ISP Streamlining**
By June 30, 2019: 90% of all ISPs with plan date of prior to June 1, live in WaMS
↓ **Not Met – deadline extended in consideration of ISP Streamlining**
2. By April 1, 2019: 90% of individuals approved for a new non-integrated residential setting in the previous quarter (Jan - Mar) went through the RST process timely.
↓ **82% Statewide: not met – CSB letters submitted quarterly**
By June 30, 2019: 90% of individuals approved for a new non-integrated residential setting in the previous quarter (Apr - Jun) went through the RST process timely
↓ **83% Statewide - not met – CSB letters submitted quarterly**

Case Management Face to Face Visits

Fig. 4 Enhanced Case Management (ECM) Face to Face Visits January – February 2019

Month	Total ECM	Total Visits	Percentage	Visits In-Home	Percentage
January	5093	4368	86%	4401	86%
February	5109	4578	90%	4465	87%

Support Coordination Quality Review

The Support Coordination Quality Review (SCQR) process was established to assess and improve the quality of support coordination (also referred to as “case management”) services provided by CSBs to individuals on one of the DD home- and community-based services waivers (HCBS Waivers). The SCQR is designed to help determine if these services comply with the Department of Justice Settlement Agreement (DOJ SA) and Centers for Medicare and Medicaid Services (CMS) requirements. In May of 2019 a demonstration period was initiated to gather stakeholder

feedback and test the questionnaire. Results of the demonstration will be available for review by the CMSC in July 2019.

For the purpose of Settlement Agreement compliance, the ten core elements listed in the compliance indicators are included in the SCQR review questions. The compliance indicators set out a clear path as to the operation of the process for meeting compliance standards.

- *DBHDS will perform a quality review of case management services through CSB case management supervisors/QI specialists, who will conduct a Case Management Quality Review that reviews the bulleted elements listed below.*
- *DBHDS will pull an annual statistically significant stratified statewide sample of individuals receiving HCBS waiver services that ensures record reviews of individuals at each CSB.*
- *DBHDS analysis of the data submitted will allow for review on a statewide and individual CSB level. The Case Management Quality Review will include review of whether the following ten elements are met:*
 1. *The CSB has offered each person the choice of case manager.*
 2. *The case manager assesses risk, and risk mediation plans are in place as determined by the ISP team.*
 3. *The case manager assesses whether the person's status or needs for services and supports have changed and the plan has been modified as needed.*
 4. *The case manager assists in developing the person's ISP that addresses all of the individual's risks, identified needs and preferences.*
 5. *The ISP includes specific and measurable outcomes, including evidence that employment goals have been discussed and developed, when applicable.*
 6. *The ISP was developed with professionals and nonprofessionals who provide individualized supports, as well as the individual being served and other persons important to the individual being served.*
 7. *The ISP includes the necessary services and supports to achieve the outcomes such as medical, social, education, transportation, housing, nutritional, therapeutic, behavioral, psychiatric, nursing, personal care, respite, and other services necessary.*
 8. *Individuals have been offered choice of providers for each service*
 9. *The case manager completes face-to-face assessments that the individual's ISP is being implemented appropriately and remains appropriate to the individual by meeting their health and safety needs and integration preferences.*
 10. *The CSB has in place and the case manager has utilized where necessary, established strategies for solving conflict or disagreement within the process of developing or revising ISPs, and addressing changes in the individual's needs, including, but not limited to, reconvening the planning team as necessary to meet the individuals' needs.*

The ten elements listed above and the metrics below were presented to the QIC in June of 2019. Regional Quality Councils (RQC) provided positive feedback from a CSB perspective on obtaining compliance with indicators one through nine, although there was some concern over how to measure indicator #10. The compliance benchmarks are defined as:

- *86% of the records reviewed across the state will be in compliance with a minimum of 9 of the elements assessed in the review.*
- *Any individual CSB that has 2 or more records that do not meet 86% compliance with Case Management Quality Review for two consecutive quarters will receive additional technical assistance provided by DBHDS.*

Recommendations

The recommendations from the 1st and 2nd Quarter CMSC Report were presented and reviewed by the DBHDS Quality Improvement Committee in March of 2019.

- Continue to track progress toward CM data metrics and targets - ongoing
- Release CM tools (Modules, Manual, Quality Review Tool) - completed
- Reassess and revise needed actions based on Independent Reviewer's current study of CM and recommendations - completed
- Continue analysis of multiple data sources for CM (CCS3, Licensing, RST, and DMAS QMR) and internal assessments – ongoing

The Independent Reviewer's recommendations from the 14th review period were reviewed by the CMSC and corresponding action steps taken. The CMSC reviewed and revised the committee charter and presented to QIC and approved by the Commissioner September 2019. The Charter includes language consistent with the Case Management compliance indicators filed in April 2019. The June 2019 CMSC report to the QIC included the Ten Key Sub-Indicators and two compliance indicator metrics. The CMSC recommended moving forward with implementation of the compliance indicators, and the QIC approved June 6th 2019.