Virginia Department of Behavioral Health & Developmental Services

Case Management Steering Committee

Semiannual Report

1st and 2nd Quarter Fiscal Year 2019

I. Overview

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) undertook a focused effort beginning at the onset of state Fiscal Year (FY) 2018 to improve case management services in Virginia. This effort included multiple facets including adding to the scope of work in a contract with Virginia Commonwealth University Partnership for People with Disabilities (PPWD), whose first deliverable was a study of Developmental Disability (DD) support coordination/case management in Virginia. In addition, in January 2018, a memo from Interim DBHDS Commissioner, Dr. Jack Barber, went out to all CSB Executive Directors which identified nine outcomes needed to meet the expectations of the DOJ Settlement Agreement, along with a self-assessment with ten questions to which each community service board was asked to respond.

Based on the preliminary findings of the study of DD support coordination/case management by the PPWD and the results of the CSB self-assessment activities (see Section II of this report), DBHDS initiated multiple additional activities designed to support the case management system as a whole. DBHDS undertook additional projects focusing on: technical support during DBHDS Case Management Quality Reviews site visits; assuming regulatory duties of the DD waiver waitlist; development of Person Centered ISP Guidance; funding for exploration of Transactional DD Case Management duties; and Individual Support Plan (ISP) streamlining in coordination with the Virginia CSB Board.

Due to the volume of activities underway and the complexity of the Case Management system, DBHDS established an internal Case Management Steering Committee in June 2018 to oversee and coordinate the various activities currently underway to strengthen the Case Management system. Committee membership includes DBHDS Waiver Operations, Provider Development, Community Quality Improvement, Office of Licensing, Settlement Agreement, and Data Quality and Visualization representatives. The committee gathers face to face bi-monthly and maintains an interactive information sharing system for ongoing project oversight, and assessment of case management quality and effectiveness.

II. Purpose

As described in the committee charter of the Steering Committee, the overall goal is to

ensure and oversee the coordination of all internal/external quality improvement activities that affect both the transactional and transformational components of case management; identify strengths, weakness and gaps in newly implemented products and processes and make recommendations for improvement to the DBHDS Quality Improvement Committee (QIC). The Steering Committee will ultimately be responsible for the ongoing coordination of the intake and processing of case management/support coordination data and information, and oversee quality improvement protocols at the direction of the QIC.

III. Findings from CSB Self-Assessment and PPWD Study

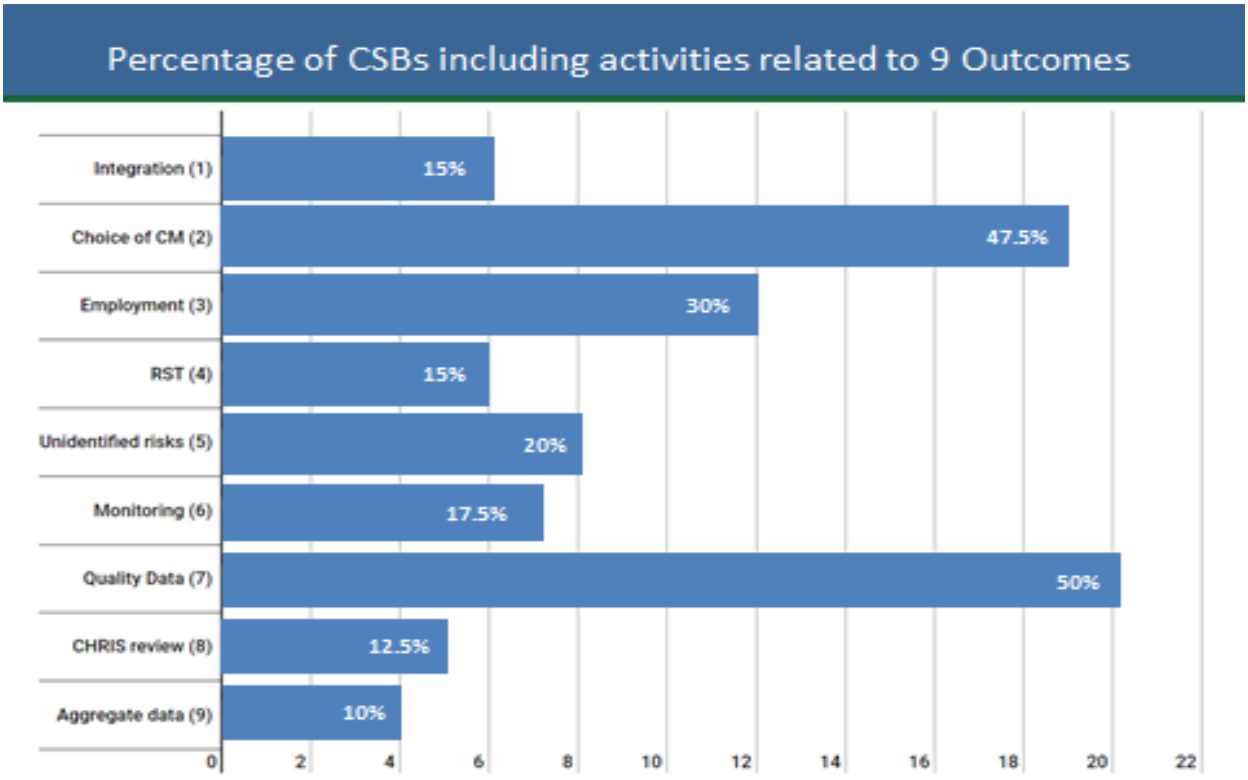
CSB Self-Assessment

All 40 CSBs submitted their self-assessments by the May 15, 2018 due date. DBHDS reviewed and prepared a preliminary set of presentation slides on aggregated data, and submitted an individualized response to each CSB in October 2018. These response letters included an optional outcome tracking tool for CSBs to use in tracking the current status, validation measure, and action steps for achieving each of the nine outcomes.

The bar graph below represents the aggregate data on CSB reported activities that correspond to activities related to the nine outcomes: (1) Annual assessments (at a minimum) need to reflect that CMs are examining opportunities to increase the individual's integration in terms of residence, employment, and social/recreational activities, i.e. that we do not accept the status quo (even though it may take a long time or may never happen). (2) CSBs are offering a choice of service providers, including choice/changing of case manager annually. (3) The ISPs indicate that case managers are developing and discussing employment services and goals. (4) CMs are submitting timely referrals to the CRCs and the Regional Support Teams per the RST criteria/protocol. (5) The plans indicate assessment of the individual's previously "unidentified risks … or other changes in status and address medical and behavioral risks/needs". (6) Records indicate appropriate CM monitoring of the individual support plans with recorded assessments as to whether the individual's support plan is being implemented appropriately. (7) The data submitted by the CSBs are reliable for quality and integrity and reflected in the Department's dashboards. (8) Documentation that CMs are reviewing available CHRIS data for those individuals for whom they provide case management. (9) Aggregate data with respect to employment, day activities, and residence need to demonstrate increases in the numbers and percentages of more, versus less, integrated

services and activities.

The outcomes with the greatest percentage CSBs reporting related activities include Quality Data at 50% and Choice of Case Manager at 47.5%. Four of the nine outcome areas fall at or below 15%. They include: RST submissions, exploring opportunities for integration, reviewing CHRIS information and aggregate data.



The CSBs were asked to report on the following questions: (1) Does the organizational structure and distribution of tasks and supports need to be adjusted or changed in order to achieve the outcomes delineated above. (2) Do Policies/Procedures ensure service recipients have choice of providers & case managers and there is internal compliance monitoring inclusive of individual/family feedback? (3) Determine reasonable case load sizes for case managers that take into account intensity level (behavioral and/or medical) and need for enhanced visits on any given case load. (4) Establish on-boarding process for new case managers to ensure sufficient orientation and competency prior to taking on a full case load. (5) Determine reasonable supervision structure including supervisor to

CM ratio and oversight requirements to ensure appropriate management of CM through such things as mandated case/ record review and peer review processes. (6) Review all data systems to ensure internal quality checks are in place prior to submission to ensure reliability of data for use by CSB, DBHDS and other external reviewers. (7) Determine and ensure adequate administrative assistance to support case management functions. (8) Ensure access to sufficient clinical supports for case management functions including clinical case consultation and technical assistance. (9) Ensure job descriptions for case managers include the basic responsibilities of assessment, planning, linkage/referral and monitoring as well as the additional SA requirements that are outlined in the performance contract including: Enhanced Case Management requirements; RST Referrals; and development & discussion of employment goals. (10) Procedures ensure adequate quality assurance, quality improvement and risk management functions are in place and resourced to perform at an acceptable level. Aggregate data from the self-assessment responses reflects that 72.5 percent of the CSBs report having issues with staff turnover.

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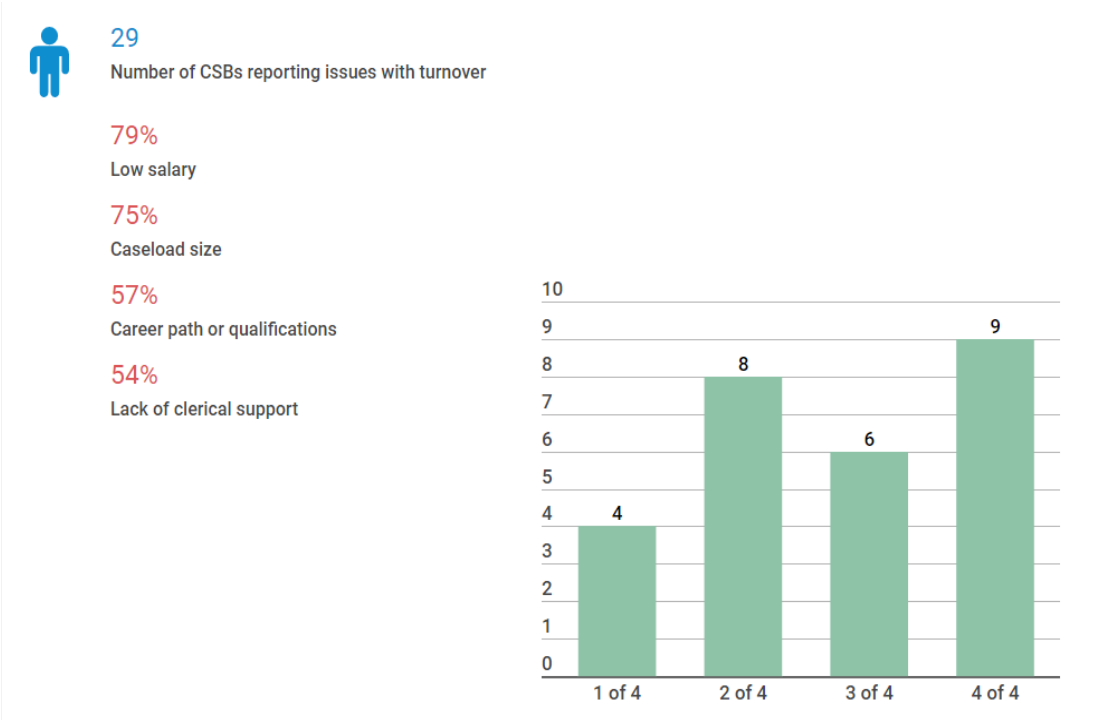

The memo also introduced the differentiation between transactional and transformational case management activities. As described in the memo, transactional activities satisfy a regulation or requirement, but have little or no impact on the person's quality of life, and may often be done by someone other than the case manager. By contrast, transformational activities are fundamental to the role of the case manager; lead to discovering what people care about; ensure desired changes are pursued, and; supports a person having a voice in his or her life. Multiple improvement activities support efforts to allow case managers more resources for transformation activities.

Findings from PPWD Case Management Study

Findings were divided into seven main categories. (1) General Responsibilities, SCs/CMs largely identified their duties according to code, but there were notable variations in specialization and available administrative support. (2) Caseload Size, most respondents felt current caseloads were unmanageable. Proportions of enhanced case management, individuals with high needs, and long travel times all influenced caseload manageability. (3) Documentation requirements and paperwork reportedly comprised 60-95% of SC/CM workload. Specific redundancies and labor-intensive requirements were identified related to service authorizations, individual support plans, and quarterly reporting. (4) Enhanced Case Management (ECM), SCs/CMs expressed concern that people were placed on ECM unnecessarily. Questions were raised about whether 30-day visits are always needed or productive, especially if a person is behaviorally or medically stable. (5) Provider Relationships, SCs/CMs often found it challenging to obtain information from some service providers, making it difficult for them to adequately monitor services. Some services are difficult to access in some areas of the state. (6) Recruitment, Training, and Retention, rules about university degrees, experience and increasing competition from the private sector make it difficult to find qualified applicants for SC/CM positions. More training on documentation procedures and high-needs populations was desired. Extreme stress, low pay, and changing work demands were described as being the primary drivers of turnover. (7) Commitment to the job, despite challenges, SCs/CMs share a strong desire to provide the best supports possible to people with DD, and have many stories to highlight their efforts to improve people's lives.

IV. Activities for Improvement of Case Management

Based on the findings of the CSB Self-Assessment and PPWD Case Management Study, the following activities were undertaken to improve the system.

DBHDS Case Management Quality Reviews

December of 2017 through July 2018 DBHDS Quality Improvement staff completed onsite technical assistance visits with each of the 40 community services boards (CSBs). Their purpose was to provide consultation and technical assistance on using data to improve case management outcomes. This included assisting each CSB in completing a root cause analysis to identify underlying gaps and/or issues. Each CSB was provided feedback during the review, as well as a document summarizing the visit with recommendations as appropriate and a Quality Improvement Plan. The following key initial findings were reported to DBHDS Quality Improvement Committee, DOJ Attorneys, Independent Reviewer, VA CSB Board, and the Settlement Agreement Stakeholder group: (1) Data coding and mapping issues in combination with lack of consistent ongoing processes to ensure data quality and integrity. (2) Data measure specifications were not clearly defined and/or consistently interpreted. (3) Risks were not consistently identified in ISP and/or not all risks consistently monitored. (4) Individual Support Plan (ISP) outcomes were not measurable. (5) Inconsistent interpretation of Enhanced Case Management (ECM) criteria. (6) Depth of employment and community engagement discussions were not clearly evident in documentation. (7) Employment and community engagement outcomes were inconsistently coded due to lack of clarity about what constitutes an employment and/or community engagement goal.

Developmental Disability Funding

DBHDS solicited applications for approximately $42K for a total of $300,000 in Transactional Developmental Disability funds through an open application process. The funds allow for experimenting with employment models, testing alternate models to support transformational CM activities by reducing time spent on transactional duties. 17 applications were received and 7 approved. A few examples of how the CSBs are using the funds include: (1) On boarding of CM transactional specialist. (2) Tracking causal factors in CM turnover. (3) Tools for identifying stress factors for CMs. (4) Internal quality review of records and data input. December 2018 instructions went out, and initial reports came in January 2019 and served as the initial report in a three step report process with the final due to DBHDS by October 2019.

Developmental Disability Waiver Waitlist Management

In April 2018, DBHDS assumed responsibility for the regulatory requirement that each individual on the Developmental Disability (DD) waivers waiting list receive an annual contact and be requested to update his or her choice of DD waiver services over Intermediate Care Facility (ICF)/IDD placement. To accomplish this, DBHDS has been sending a secure email request (or postal mail for those without email) to each person (and legal representative, if applicable) on the DD waiver waiting list at the beginning of the anniversary month of their addition to the waiting list. This serves as an additional means of lifting transactional duties from community services boards to allow them to give additional focus on the transformational functions embedded in the case management service.

Person Centered ISP Guidance

In response to the need for quality Person Centered Individual Support Plans (PC ISPs) that meet all regulatory requirements and expectations, DBHDS issued guidance for writing and reviewing PC ISPs. The methods and practices include are expected to lead to more success with person-centered planning. Specifically, the measurability of plans is needed for agreement with the Centers for Medicare and Medicaid (CMS) Home and Community Services (HCBS) Settings Regulations, the Settlement Agreement, and DBHDS licensing and developmental disability (DD) waiver regulations. This paper details changes in thinking and writing to improve outcomes for people with DD Waivers in Virginia. Developmental Services developed PC ISP Guidance which was posted June 2018 on Virginia Regulatory Town Hall for public comment. Comments were considered and incorporated as indicated. Training on the new Guidance was initiated.

Virginia Association of Community Service Boards (VACSB) Settlement Agreement Case Management Work Group

In March of 2018 the VACSB with support from DBHDS developed a case management workgroup that included CSBs and DBHDS Developmental Services and Quality Improvement staff to develop strategies to address the nine outcomes and improve the overall quality of case management services. Key results of this workgroup include: (1) May 2018 Key Concerns Chart (2) CSBs implement annual choice of CM agency and CM (3) ISP streamlining to reduce the burden on support coordinators allowing more time for transformational activities (4) ISP specifications drafted with a planned production date of July 2019 to assist in resolving issues identified in extracting data from the EHR into Waiver Management System (WaMS) (5) Online Settlement

Agreement CM Status Report components which DBHDS transferred to an online software tool for interactive data visualization. The tool is currently on hold due to security concerns.

Virginia Commonwealth University Partnership for People with Disabilities (PPWD) contracted in 2017 for the following deliverables:

1. **PPWD VCU Case Management Report**: completed May 2018
2. **Case Management Training Modules** - project to review and modify existing Case Management Training Modules. The voice over is complete and are now in final review with feedback to the PPWD. A Release Memo and a User Guide document with instructions on accessing the new modules have been drafted. Each module includes a competency based assessment. Modules will be maintained on the PPWD website and track completion of modules, provide certificates of completion and reports Support Coordinators/Case Managers hired after April 1st 2019 are required to complete all 11 modules within 30 days of employment.
3. **Case Management Manual:** Case Management Manual is intended to clearly articulate the mission and values of the Virginia case management system; coordinated with the development of the training modules; describe the roles and responsibilities of case managers, describe the case management process; explain how CM activities are to be conducted and documented as well as be a resource tool for all new and veteran case managers to improve statewide consistency. The Manual was released for public comment in December 2018 and posted for comment on Town Hall through January 2019. Feedback on the comments and internal recommendations are being considered for final changes in the manual. This was shared with the PPWD to incorporate in the final on-line manual. The manual will be hosted on the PPWD website with a release date no later than April 1, 2019.
4. **Quality Review Tool:** A comprehensive quality review tool was developed to increase consistency among all case management monitoring activities. The Quality Review Tool for use by case management supervisors is currently drafted in Qualtrics software for demonstration and discussion with a PPWD stakeholder workgroup and with a demonstration period April, May, and June of 2019.
5. **Core Competencies:** The contract included the development of Support

Coordination/Case Management core competencies. At this time, competencies are included in the revised training modules and quality review tool.

V. Data Reports Reviewed by the Steering Committee

During this reporting period, the CM Steering Committee reviewed the following data reports: Community Consumer Submission (CCS3) on Case Management which includes data submitted by CSBs and compiled by the DBHDS Data Warehouse; DBHDS Regional Support Team Reports specific to timely RST referral submissions; and CSB Self-Assessment Aggregate Data.

Potential data reports for upcoming review by the committee include: Quality Review Team Evidentiary Report from Quarterly Supervisory Reviews received from the Department of Medical Assistance Services (DMAS); Case Management Settlement Agreement Status Report; DBHDS Licensing Corrective Action Plans related to case management services; and Community Quality Improvement and Risk Management Aggregate Report on visits completed in 2018.

VI. Case Management Indicators for Settlement Agreement Compliance

In response to a September 2018 directive from United States District Court presiding over United States v. Commonwealth, 3:12-cv-00059 the committee provided input on the development of a set measurable proposed indicators that will bring the Commonwealth into compliance with the Settlement Agreement with respect to case management related provisions that remain in non-compliance. The following indicators were proposed and entered into negotiations with the Department of Justice.

1. 80% of case management records reviewed demonstrate that case managers are monitoring individual ISPs to ensure appropriate implementation. Verified in semi-annual report of CM Steering Committee.
2. 80% of case management records reviewed demonstrate that ISPs are revised as needed when there has been a change in the individual's status. Verified in semi-annual report of CM Steering Committee.
3. 80% of case management records reviewed demonstrate that case managers are making referrals for appropriate services. Verified in semi-annual report of CM Steering Committee

4. 80% of case management records reviewed demonstrate that choice of case manager is being offered to individuals via Virginia Choice Forms at least annually. Verified in semi-annual report of CM Steering Committee
5. Documentation indicates that data reports from monitoring reviews, including licensing inspections and investigations of CSB case management are reviewed by the CM Steering Committee, as indicated by CM Steering Committee quarterly reports and that recommendations are submitted to the QIC, as indicated by the QIC annual report.

VII. CSB Accountability Metrics for FY2019

Metrics related to the Performance Contract sent to CSB Executive Directors from Commissioner Melton in December 2018 address the following target areas:

(1) Process: ISPs in WaMS

(2) Case Managers making timely RST referrals on everyone seeking less integrated residential authorizations.

(3) Increased number of individuals receiving supports for employment on waiver and waitlist.

VII. Recommendations

The Case Management Steering Committee will continue to:

- Track progress towards case management data metrics and targets.
- Facilitate the release of Case Management tools in cooperation with the PPWD
  - Modules, Manual, Competencies, and Quality Review Tool
- Reassess and revise needed actions based on Independent Reviewer's current study of case management and recommendations.
- Continue analysis of multiple data sources CCS3, Licensing, RST, and DMAS QMR and internal assessments.