



Virginia Department of
Behavioral Health &
Developmental Services

Case Management Steering Committee
Semi-Annual Report

State Fiscal Year 2020
3rd and 4th Quarters

Case Management Steering Committee



Semi-Annual Report FY20 3rd and 4th Quarters

Executive Summary

As a subcommittee of the Quality Improvement Committee (QIC), the Case Management Steering Committee (CMSC) is responsible for

- monitoring case management performance across responsible entities to identify and address risks of harm,
- ensuring the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and
- evaluating data to identify and respond to trends to ensure continuous quality improvement.

The committee is charged with reviewing data selected from, but not limited to, any of the following data sets: Community Services Board (CSB) data submissions, Support Coordination Quality Reviews (SCQR), Office of Licensing citations, Quality Service Reviews, DMAS' Quality Management Reviews, and WaMS. The committee's analysis will identify trends and progress toward meeting established Support Coordination/Case Management targets. Based on this data review and system analysis, the committee will recommend systemic quality improvement initiatives (QIIs) to the QIC. The committee also recommends technical assistance based on review of CSB specific data. If CSB specific improvements are not demonstrated after receiving technical assistance, the committee will make recommendations to the Commissioner for enforcement actions pursuant to the CSB Performance Contract based on negative findings.

Committee membership includes Director of Waiver Operations or designee, Director of Provider Development or designee, Director of Community Quality Improvement or designee, Settlement Agreement Director, two Quality Improvement Program Specialists, and a representative from the Office of Data Quality and Visualization. Standard operation procedures include: annual review and update of the committee charter, regular meetings to ensure continuity of purpose and at least ten times annually, maintenance of reports and meeting minutes, and quality improvement initiatives consistent with Plan, Do, Study, Act model.

From January to June 2020, the CMSC continued the implementation and refinement of a structured process of routine CSB performance monitoring as required by Virginia's Settlement Agreement. The CMSC also reported to the QIC in March and June. Data reporting included six

Performance Measure Indicators (PMIs): employment discussions and goals, community engagement discussions and goals, timeliness of Regional Support Team (RST) referrals, and enhanced case management face to face visits. Four new measures were developed in accordance with the indicator for provision V.F.5. to focus on case management assessment of changes in status and appropriately implemented services, as well as discussions about relationships and interactions with people (other than paid program staff) and individuals being given a choice of providers including a choice of support coordinator. One additional measure being recommended for FY 21 relates to children age 14 to 17 with a waiver having a discussion about employment and how they are supported to be ready to work included in their ISP.

Key accomplishments in the reporting period include: designed and implemented a CSB Performance Monitoring data workbook, updated internal committee procedures related to reviewing data and providing technical assistance, designed and implemented an On-site Visit Tool, completed the submission phase of the Support Coordination Quality Review (SCQR) process, provided data and performance summary letters to CSBs, assisted with the development of Settlement Agreement Indicator Overview videos for stakeholders, published guidance and a question and answer document about case management options for people on the DD Waiver waiting list, and refined CMSC measures to be implemented in FY21.

In cooperation with the Independent Reviewer, the committee defined two phrases related to the provision of case management services, which included identifying and responding to “changes in status” and if “services are appropriately implemented.” The definitions are described in a guidance document that provides the basic components of the definitions, examples of each phase, and a list of generally accepted practices for consideration. In collaboration with CSBs, the committee then designed and implemented a standardized process for Support Coordinators (SCs) to assess for these conditions at face to face meetings with each individual. During the pilot phase an “On-site Visit Tool” was implemented at one face to face visit per month when visits occur. This established a schedule of completion monthly for people receiving enhanced case management (ECM) and one to three times quarterly for people with a Targeted Case Management (TCM) level of service. The definitions include:

- “Change in status” refers to changes related to a person’s mental, physical, or behavioral condition and/or changes in one’s circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver.
- “ISP implemented appropriately” means that services identified in the ISP are delivered consistent within generally accepted practices and have demonstrated

progress toward expected outcomes, and if not, have been reviewed and modified.

Materials developed include: a definitions document, a standardized tool format referred to as the On-site Visit Tool (OSVT), a summary of the Independent Reviewer report history related to non-compliance with the Settlement Agreement provision V.F.2., a reference chart as guidance, training slides, and a questions and answers document produced following a webinar provided on June 26, 2020. This project is further defined in a CMSC QII that was approved by the QIC in June for implementation. A pilot of the process will occur between July and September 2020 with enhancements and revisions made following the pilot phase.

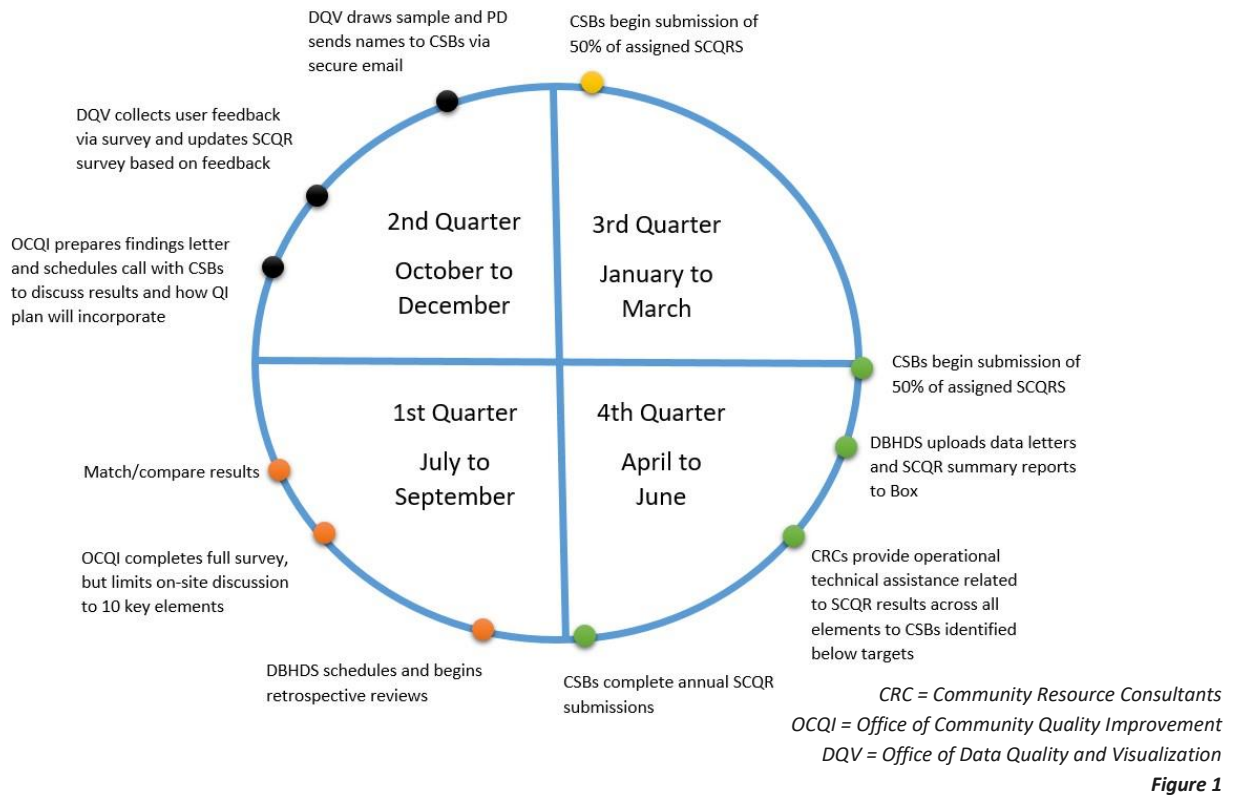
Support Coordination Quality Review (SCQR)

The fiscal year (FY) 2020 SCQR questions and technical guidance were written to assess compliance with the ten Settlement Agreement (SA) case management indicators as well as other facets of high-quality support coordination. In accordance with the SA compliance indicators, a statistically significant stratified statewide sample of individuals receiving Home and Community-Based Services (HCBS) through the developmental disability (DD) waivers ensures record reviews of individuals at each CSB. The population used for the FY 2020 SCQR sample included adults aged 18 or older who were enrolled in one of the HCBS Waivers as of July 1, 2018, in either an active or hold or pending appeal status with an authorization for least one HCBS waiver service. Case Management Supervisors at each CSB completed the survey in Qualtrics, a web-based survey platform.

The SCQR was formatted such that all questions must be answered. Display logic was utilized to reduce respondents' fatigue and to allow respondents to explain their negative responses. Explanations will be used not only to improve the quality of support coordination records but also to revise the survey questions in subsequent years. Reporting per the compliance indicator metrics is dependent on the review of two consecutive quarters of CSB submissions.

Given the structure of submissions described in the SCQR methodology, submissions from CSBs will occur during two quarters of the state fiscal year in March and June. Technical assistance will be provided in this first year following the completion of submissions in June by the Office of Provider Development (OPD), and then by the Office of Community Quality Improvement (OCQI) following the retrospective review process slated to begin in July 2020. In subsequent years, technical assistance from the staff of OPD will occur at the mid-point of submissions after March of each year.

Technical assistance from the staff of OCQI will then occur by October each year as results are compared between each CSB and the DBHDS reviewer. CSBs completed the submission phase of the first year of the SCQR process. The committee provided data to CSBs via a secure online portal and included results in a performance letter provided to each CSB. The DBHDS Office of Data Quality and Visualization (DQV) prepared a full report for each CSB, which will be used in the provision of technical assistance in the first quarter of FY21 in tandem with the retrospective review process (figure 1).



DOJ Settlement Agreement Status

[The Independent Reviewer's 16th Report to the Court](#) submitted on June 13th 2020 included a study of case management. The following Independent Reviewer's (IR) findings are the result of the Case Management Study, which included discrepancy audits for 35 individuals. Results of the study included concerns with measurable outcome language and individual support plans (ISPs) changing in response to individual needs and circumstances. Independent Reviewer recommendations and DBHDS planned actions include:

- Clarify and emphasize to CSBs that school personnel should be included or invited to participate in the ISP process, and that school programs are an appropriate community site for the case managers' face-to-face visits that alternate with individuals' residences

DBHDS Response: DBHDS will add to the quarterly regional SC meeting agenda that school personnel should be included or invited to participate in the ISP process, and that school programs are an appropriate community site for the case managers' face-to-face visits that alternate with individuals' residences. Notes from these meetings are shared statewide, so will be available through posting on the DBHDS Provider Network Listserv that is comprised of DD waiver providers, DD Support Coordinators, and others interested in obtaining information from the Division of Developmental Services at DBHDS.

- Modify the ISP procedure so that ISPs can be more easily changed. The revisions need to ensure a paper trail to the logic behind and background to the change, and that ISP team members, appropriate professionals and caregivers are all included in the change process

DBHDS Response: DBHDS has identified a lack of understanding in how updating the ISP occurs. A recent FAQ document provided to all CSBs in July 2020 included the following clarification: Q5. To ensure ability to have the plan being a more "living document" are changes being made to WaMS to make updating any part of the plan more feasible? A5. Currently, Parts I and II can be updated at any time by the SC through direct entry or through a data exchange through an EHR. The ISP in WaMS was designed for Part III updates to be made through the provider Part V revision process. This was due in part because of the manageability concerns of an SC entering multiple outcomes changes across multiple providers and services. It was also designed to ensure that providers apply plan changes at the point of the Part V, which has been signed by the person and substitute decision-maker as applicable. To facilitate a change in outcomes, the SC should communicate with the individuals and providers and discuss/request a revised Part V. Once the SC clicks approve, the locked Part III will automatically update to reflect the change.

- Make improvements to: The Guidance document relative to ISP measurable/observable outcomes, to ensure supervisors ask the question, "If I go into the individual's file, can I find a record of occurrences or activities toward the outcome statements that will demonstrate progress toward the outcome?" and the supervisor training on measurable/observable outcomes

DBHDS Response: DBHDS recommends adding this content to the training development recommendation in 8 below (next bullet point).

- Add a specialized SC/CM training module regarding ISP measurable/observable outcomes for delivery during the SCQR technical assistance process

DBHDS Response: DBHDS will develop a targeted outcome training on known issues with ISP completion for use during SCQR technical assistance that will also be posted publicly for increased access and use.

- Encourage a peer review process at CSBs for the production of the annual ISPs. Reviewers frequently find errors including gender pronouns, duplicative statements, wrong individuals' names, checklist boxes not checked where needed, and other mistakes that appear attributable to cutting and pasting erroneous information

DBHDS Response: DBHDS will discuss with the VACSB who can assess the degree to which this is currently occurring and will encourage the sharing of helpful peer review practices across regions/CSBs.

- Establish a clear policy, procedure or protocol with regard to the expectations for the Virginia Informed Choice Form.

DBHDS Response: DBHDS has developed a Virginia Informed Choice (VIC) form protocol. This protocol has been developed and provided to the DBHDS web master for posting online. It will be announced once posted for CSB use.

The sixteenth report indicates that while data is frequently available, additional reports are pending, which is necessary to establish compliance. These additional processes were developed and documented during the reporting period with implementation being in the first half of FY21. As a result, the Commonwealth remains in noncompliance with Section III.C.5.b.i.-iii.; III.C.5.d.; and V.F.2., 4., and 5. Provision III.C.5.c has now been found in compliance for the third consecutive reporting period as evidenced by the IR's findings.

Performance Measure Indicators

The CMSC monitors CSB performance through several measures that correlate with the SA and improved outcomes in system performance or for people who have services in Virginia. Below is a list of upcoming PMIs that have been identified for SFY21, which is followed by more specific results related to measures tracked in SFY20. Progress and lack of progress in these areas leads to individual technical assistance and recommendations for systemic change.

FY21 Case Management Performance Measure Indicators

Access to Services

- 1 Individuals who are receiving waiver services will have a discussion regarding the opportunity to be involved in their community through community engagement services provided in integrated settings as part of their ISP process (Target 86%).
- 2 Individuals receiving case management services from the CSB whose ISP, developed or updated at the annual ISP meeting, contained Medicaid DD Community Engagement or Community Coaching services goals (Target 86%).
- 3 86% of individuals (age 18-64) who are receiving waiver services will have a discussion regarding employment as part of their ISP planning process (Target 86%).
- 4 Adults (aged 18-64) with a DD waiver receiving case management services have an ISP that contains employment outcomes (Target 50%).
- 5 At least 86% of individuals aged 14-17 who are receiving waiver services will have a discussion about their interest in employment and what they are working on while at home and in school toward obtaining employment upon graduation, and how the waiver services can support their readiness for work, included in their ISP (Target 86%).
- 6 86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol (Target 86%).
- 7 Regional Support Team referrals are timely for individuals considering a move into group homes of 5 or more beds (Target 86%).

Provider Capacity

- 8 Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month no more than 40 days apart (Target 86%).
- 9 Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month in their residence (Target 86%).

Health, Safety, and Wellbeing

- 10 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 (Target 86%).
- 11 Individual support plans are assessed to determine that they are implemented appropriately (Target 86%).

Choice and Self-Determination

- 12 Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff) (Target 86%).
- 13 Individuals are given choice among providers, including choice of support coordinator, at least annually (Target 86%).

Additional CMSC Measures related to the Settlement Agreement for FY21

- 14 People with a DD waiver, who are identified through indicator #13 of III.D.6, desiring a more integrated residential service option (defined as independent living supports, in-home support services, supported living, and sponsored residential) have access to an option that meets their preferences within nine months. **III.D.1**
- 15 People with DD Waiver receive face-to-face contacts from their support coordinator at least quarterly. **V.F.4**

- 16 Support coordination records reviewed across the state will be in compliance with a minimum of nine of the ten indicators assessed in the review. **III.C.5.b.i.**
- 17 Individual Support Plans are available in the Waiver Management System by direct keyed entry or data exchange since October 7, 2019. **DBHDS Metric/Performance Contract**

Note: Data from CCS3 was not available at the time of this review, so results for employment discussions and goals, community Engagement/Coaching discussions and goals, and enhanced case management are based on the first three quarters of FY20.

Employment Discussions and Goals

Performance Measure Indicator: Support Coordinators will have meaningful discussions about employment benefits and options face to face with individuals receiving DD Waivers ages 18 to 64 during their annual ISP meeting and develop employment outcomes/goals; Employment discussion target 86%/Employment outcomes/goals target is 50%.

- Numerator 1: Individuals receiving DD Waivers ages 18 to 64 whose support coordinator had an annual ISP meeting and discussed employment options (figure 2) and
- Numerator 2: Individuals whose ISP included employment outcomes/goals (figure 3)
- Denominator: Individuals on the Waiver ages 18 to 64 who had an ISP meeting completed

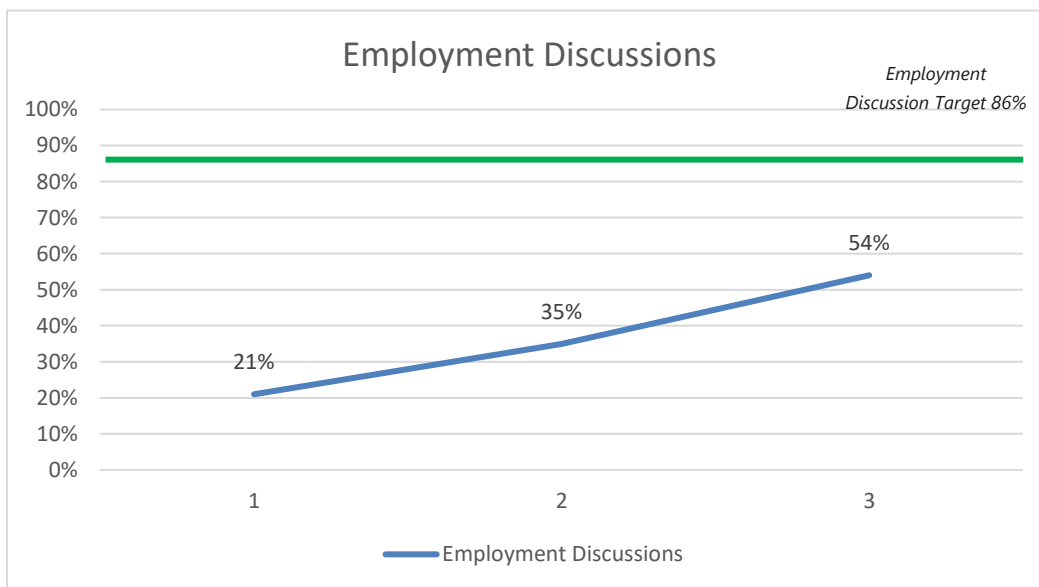


Fig. 2 Meaningful Employment Discussions from July 2019 to March 2020

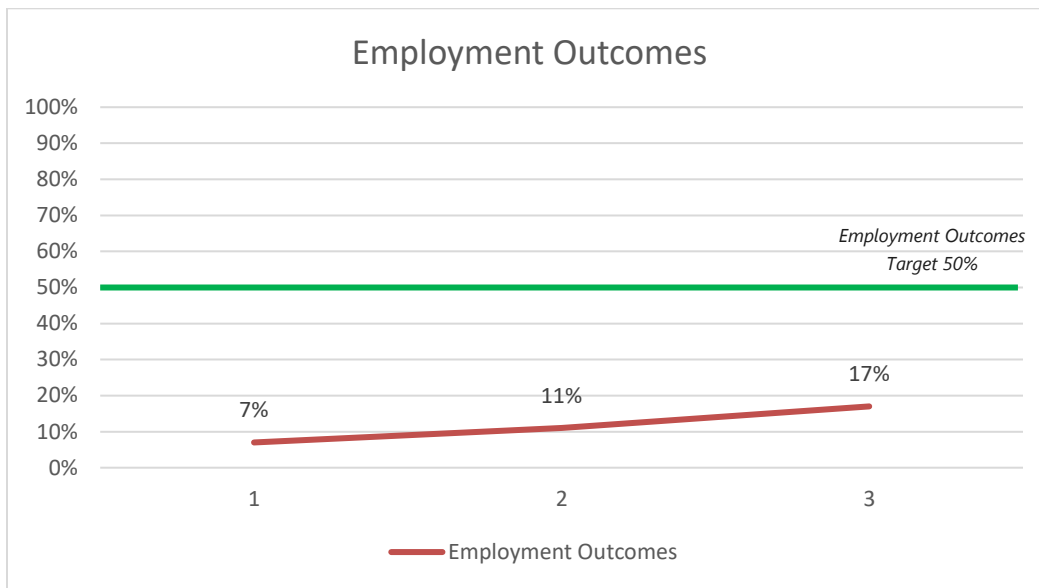


Fig. 3 Employment Outcomes/Goals from July 2019 to March 2020

Community Engagement Discussions and Goals

Performance Measure Indicator: Support Coordinators will have meaningful discussions about Community Engagement (CE) and Community Coaching (CC) face to face with individuals receiving DD Waivers ages 18 to 64 during their annual ISP meeting and develop CE and or CC outcomes/goals; CE and CC discussion target 86%/CE/CC Outcomes/Goals target is 86%.

- Numerator 1: Individuals receiving Developmental Disabilities Waiver services whose support coordinator had an annual ISP meeting and discussed community engagement (CE)/community coaching (CC) (figure 4)
- Numerator 2: Individuals receiving Developmental Disabilities Waiver services whose ISP included a CE/CC goal (figure 5)
- Denominator: Individuals receiving Developmental Disabilities Waiver services who had an ISP meeting completed

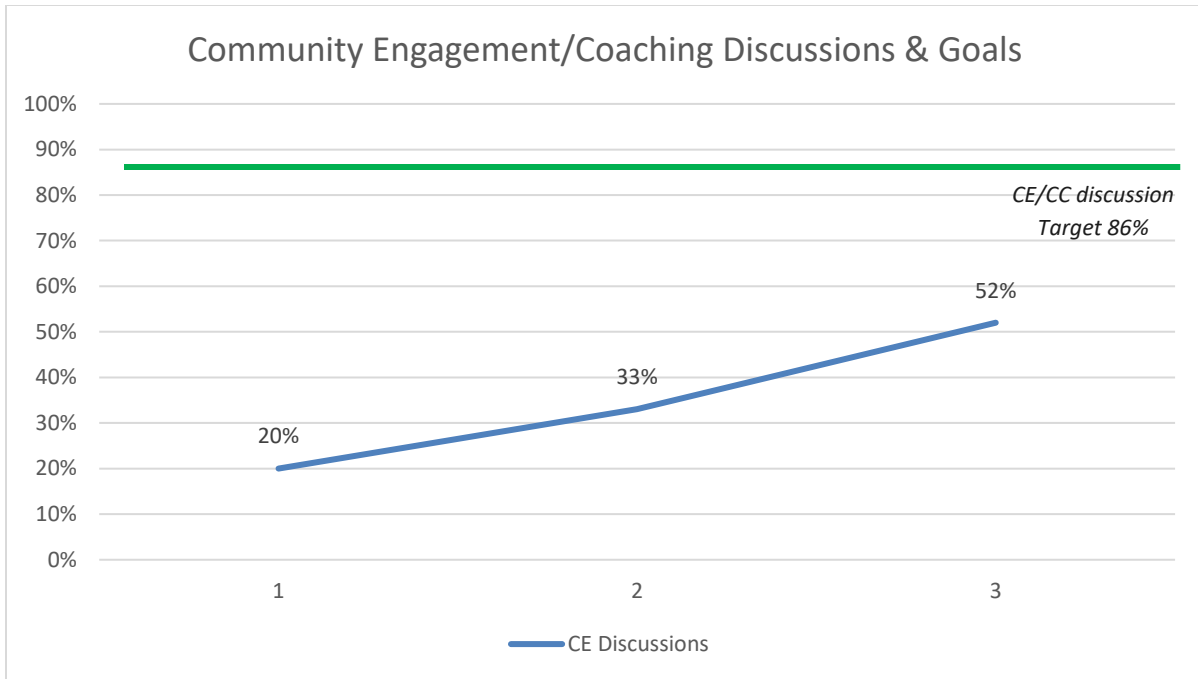


Fig. 4 Meaningful Community Engagement/Coaching Discussions from July 2019 to March 2020

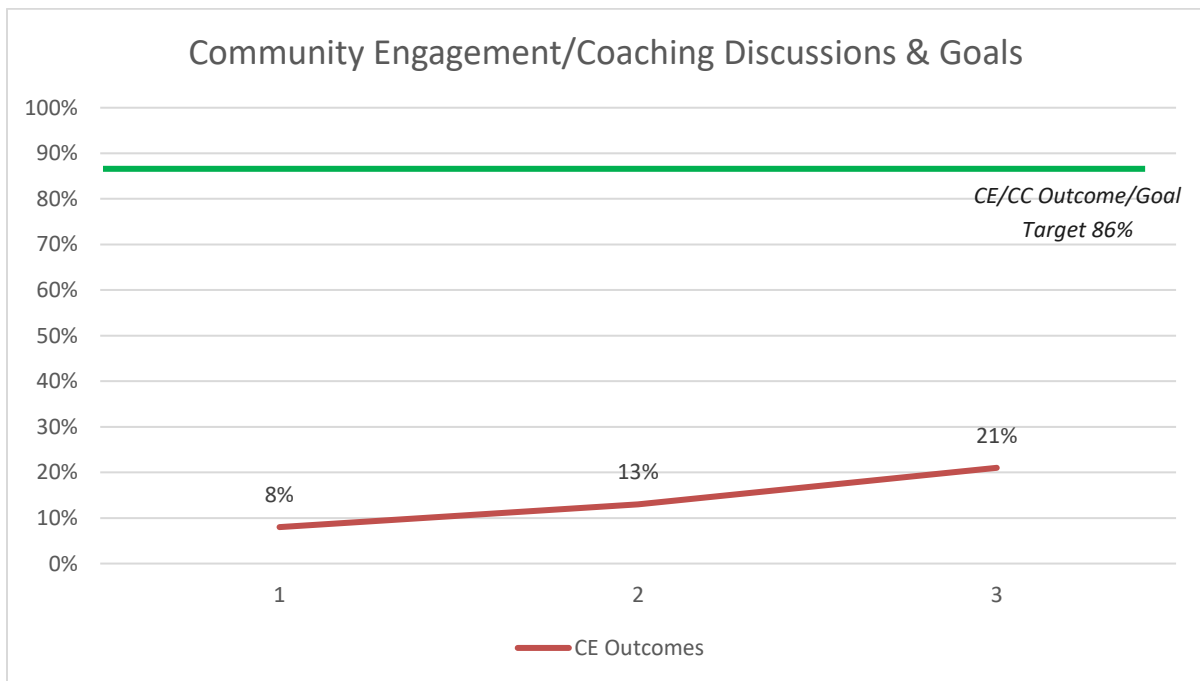


Fig. 5 Meaningful Community Engagement/Coaching Outcomes/Goals from July 2019 to March 2020

Enhanced Case Management (ECM) Face to Face Visits (F2F)

Performance Measure Indicator: Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month no more than 40 days apart: Annual target 86% (figure 6).

- Numerator: Individuals receiving Developmental Disabilities Waiver services who met ECM criteria and received a F2F visit during the month that was no more than 40 days after the last visit in the previous month.
- Denominator: Individuals receiving Developmental Disabilities Waiver services identified as meeting ECM criteria.

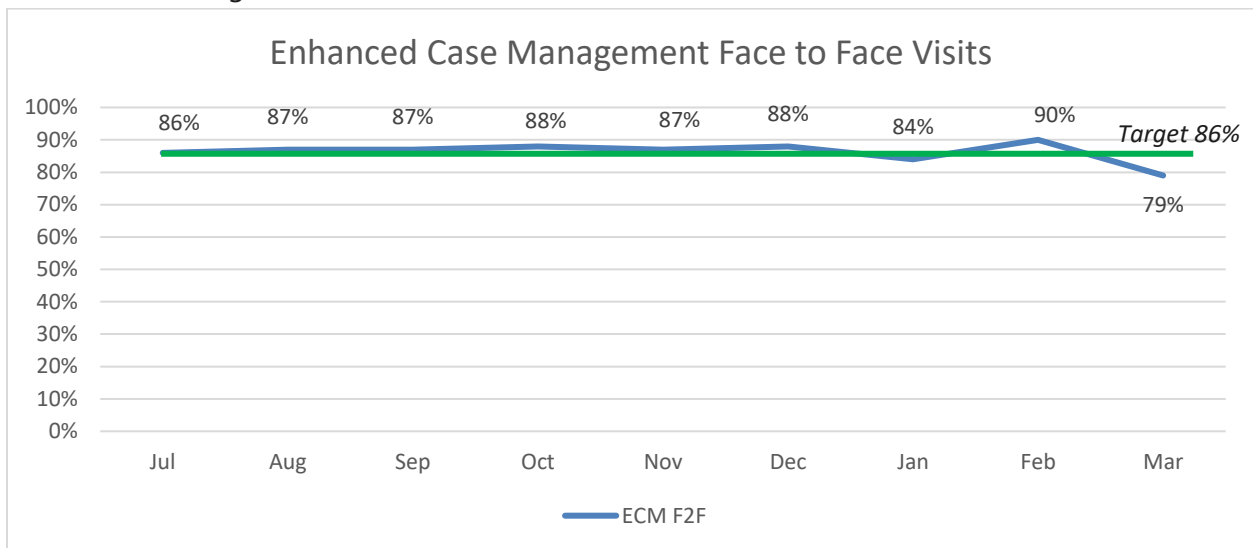


Fig. 6 ECM Face to Face Visits per Performance Contract Standards from July 2019 to March 2020

Enhanced Case Management F2F in the Home Visits

Performance Measure Indicator: Individuals receiving Developmental Disability Waiver services identified as meeting ECM criteria will receive face to face visits every other month in their residence: Annual target 86% (figure 7).

- Numerator: Individuals receiving Developmental Disabilities Waiver services who met ECM criteria in the current month and received a face to face visit every other month in the individual's home.
- Denominator: Individuals receiving Developmental Disabilities Waiver services identified as meeting ECM criteria.

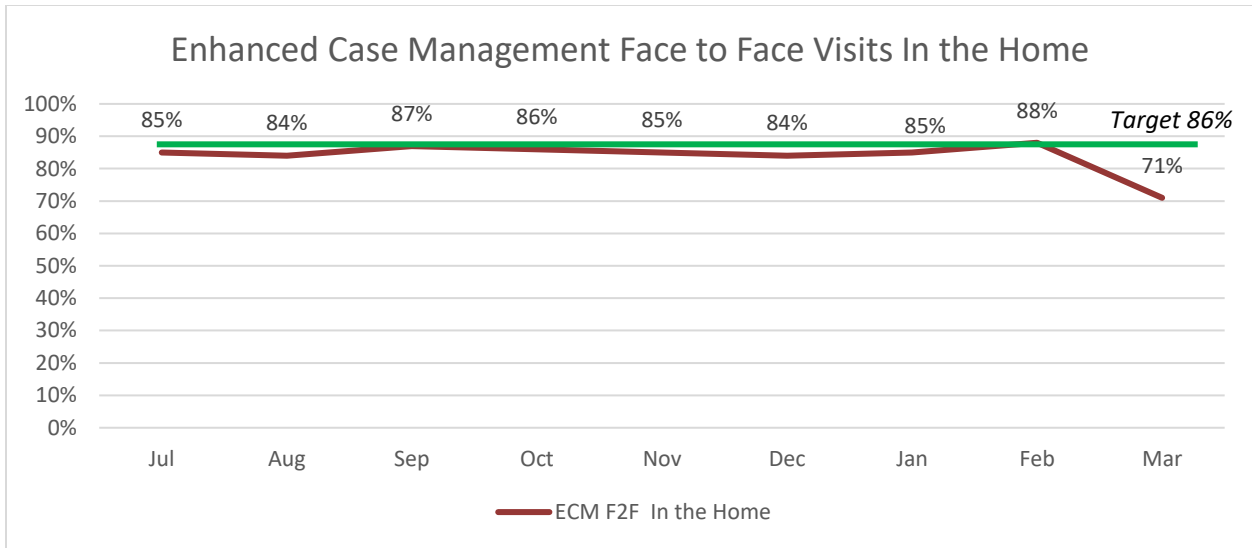


Fig. 7 ECM Face to Face Visits In the Home per Performance Contract Standards from July 2019 to March 2020

Regional Support Teams and Timeliness of Referrals

Performance Measure Indicator: Regional Support Team (RST) non-emergency referrals are made in sufficient time for the RSTs to meet and attempt to resolve identified barriers. Data reported quarterly; annual target 86% (figure 8).

- Numerator: Number of non-emergency RST referrals made on time.
- Denominator: Number of non-emergency RST referrals.

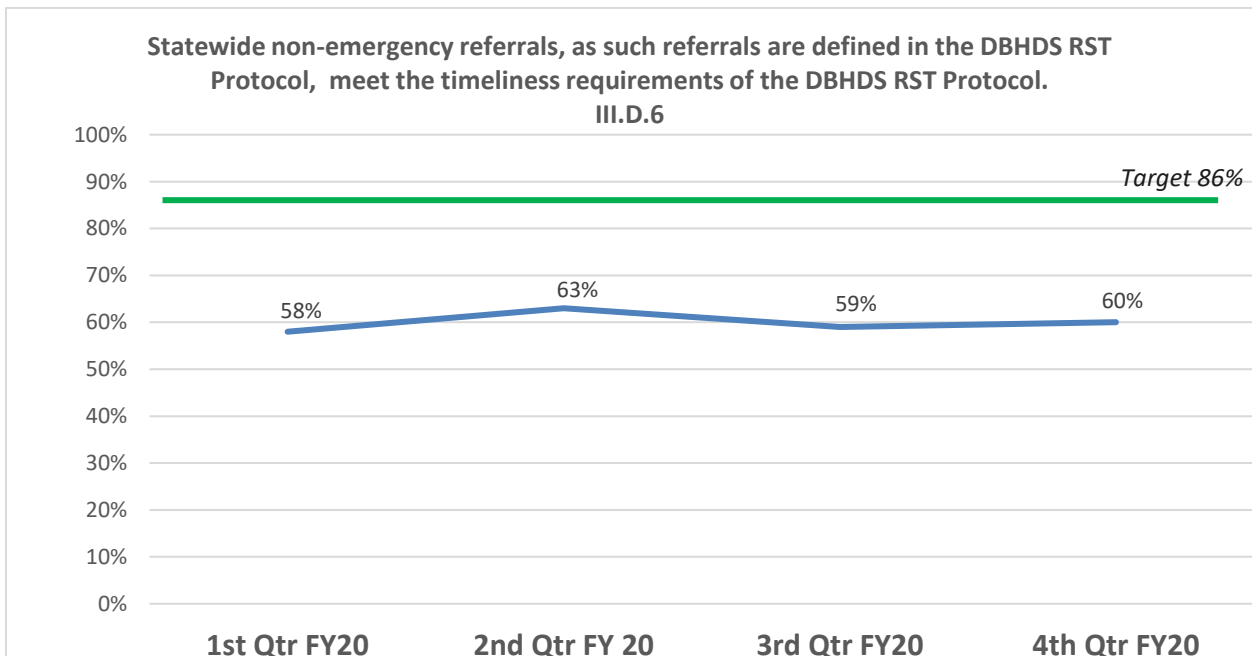


Fig. 8 Regional Support Team Referrals Submitted per Performance Contract Standards SFY2020

RST Timely Referrals for Those Considering a Move into Group Homes of 5 or More Beds

Performance Measure Indicator: RST referrals are timely for individuals considering a move into group homes of 5 or more beds. Data reported quarterly; annual target 86% (figure 9).

- Numerator: Total Referrals Submitted within Expected Time Frames
- Denominator: Total Referrals Submitted and Required Not Submitted, which accounts for the referrals provided by CSBs along with those identified as missing through a review of WaMS authorizations

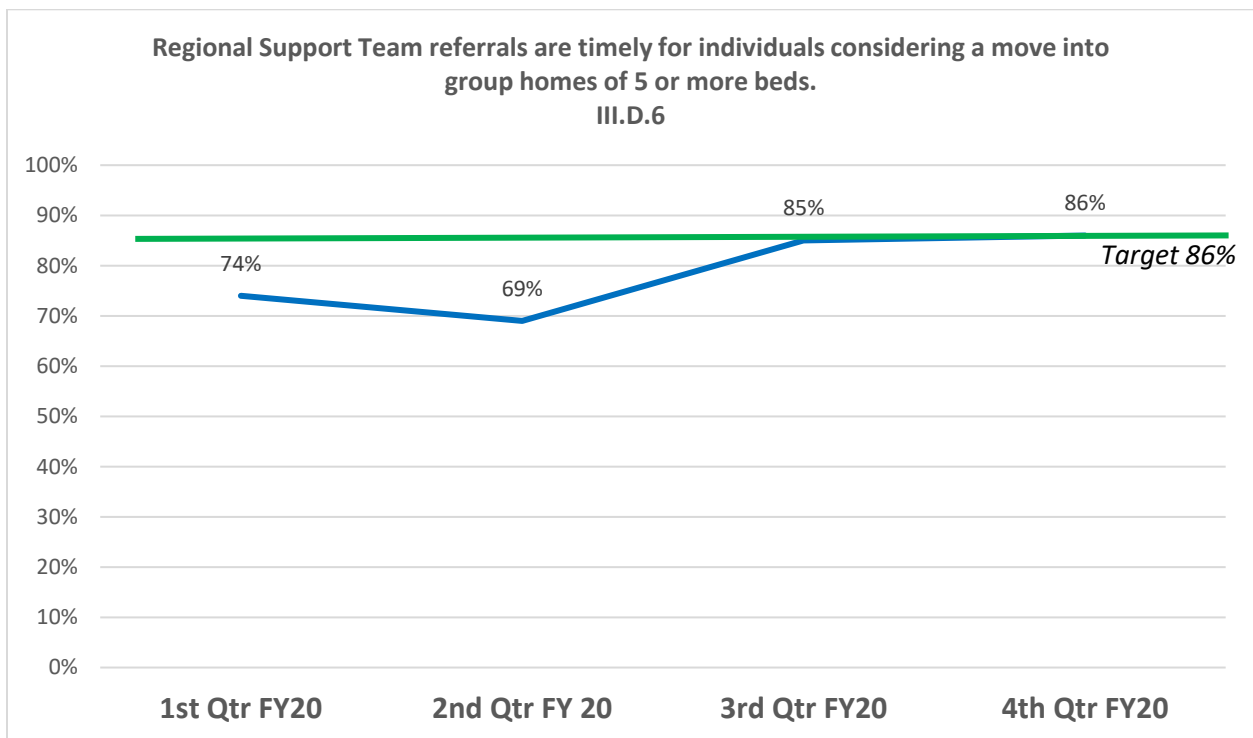


Fig. 9 Regional Support Team Referrals Submitted per Performance Contract Standards SFY2020

Data Monitoring

Case Management Training and Competency

Support Coordinators/Case Managers are required to complete the DBHDS Case Management training online modules within 30 days of hire. A review of module usage between January and June 2020 shows that the completion rate was at or above 88% for each months reported. The first chart below conveys the number of DD CMs reported as hired per month and the number and percentage who completed the modules within required timeframes (figure 10). The second chart shows, for each of five DBHDS regions, the number of DD SC/CMs who completed the modules compared to people in other roles who completed the modules (figure 11).

Month	Number of DD SCs hired	Number (percentage) completed ≤ 30 days of number hired
January 20	15	14 (93%)
February 20	17	17 (100%)
March 20	16	15 (94%)
April 20	8	7 (88%)
May 20	6	6 (100%)
June 20	12	11 (92%)

Fig. 10 Case Management Module Completion FY2020

Region	Total number DD SCs Jan to June	Total number other roles Jan to June	Total Certificates Jan to June
1	12	18	30
2	23	4	27
3	16	15	31
4	13	12	25
5	23	19	42
Not reported	5	21	26

Fig. 11 Case Management Module Completion FY2020

Data Availability and Integrity

The CMSC monitors performance related to the availability of data in the Waiver Management System (WaMS), as well as the integrity of the data provided through CCS3. Specifically regarding the requirements related to ISP entry, the CMSC has been monitoring the availability of WaMS ISP data per the Performance Contract reporting requirements. CSBs are required to provide ISP data either through an electronic data exchange or through direct keyed entry if the CSB does not use or is unable to use the data exchange. Results have been monitored at regular intervals as depicted in the graph below to establish progress towards meeting a statewide target of 86% by October 6, 2020 (figure 12).

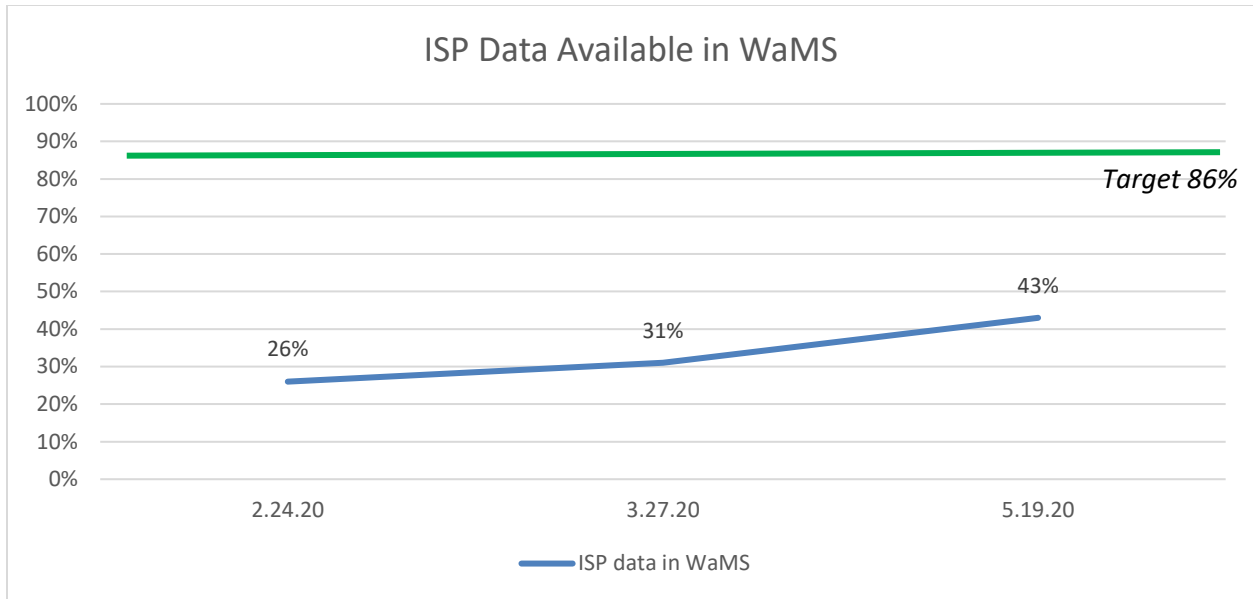


Fig. 12 ISP Data Available in WaMS

A new process is being developed to support CSBs to examine the integrity of the data provided in relation to face to face contacts submitted through CCS3. This process will begin in FY21 and be implemented through the DBHDS Office of Community Quality Improvement with the following primary outcomes:

- Identify issues related to data reporting and Settlement Agreement case management requirements related to case management performance measures
- Identify potential barriers to accurate coding and reporting
- Identify additional technical assistance needed
- Implement CSB data quality improvement plan needed for system process and outcome changes, ensuring that case management processes are reported accurately and as required

Recommendations

Below are recommendations that were made by the CMSC in the previous report followed by additional recommendations from this current report. There have been steady increases in the percentage of ISPs available in WaMS with an expectation that a target of 86% can be achieved by October 6, 2020. The status of each CSBs success with this effort will be examined after this date for additional recommendation or actions under the Performance Contract. One positive change seen in the 4th quarter is that CSBs met the timeliness requirements of having 86% of RST referrals related to moves to less integrated settings. The CMSC will continue to monitor for maintaining or increasing this percentage. The CMSC should continue to work to make data available to CSBs, so that internal monitoring and improvement abilities can be strengthened.

Previous Report

As reported to the QIC on December 2019, the CMSC has identified the following opportunities for improvement:

- CSBs are not consistently meeting targets for case management data metrics
- Some CSBs are not making RST referrals as required to ensure that individuals are provided with the most integrated options available
- Ensure all ISPs are in WaMS electronically either by direct entry or through data exchange
- Further develop data reporting capabilities for collecting and providing reports to the CSBs

Recommendations

- Implement methods to increase Support Coordinator/Case Manager abilities in developing measurable outcome statements
- Refine processes to ease the manageability of SC/CM processes and requirements to the extent possible
- Implement accountability steps (recommendations to the Commissioner and corrective action plans) as required by the Settlement Agreement for underperformance
- Continue recommendation to determine methods of sharing data with CSBs to support internal monitoring abilities and quality improvement practices