



Virginia Department of
Behavioral Health &
Developmental Services

Case Management Steering Committee
Semi-Annual Report

State Fiscal Year 2020
1st and 2nd Quarters

Case Management Steering Committee

Semi-Annual Report FY20 1st and 2nd Quarters



Executive Summary

In 2019, the Case Management Steering Committee (CMSC) reviewed their charter and submitted revisions to the Quality Improvement Committee (QIC) for review. As a subcommittee of QIC, the CMSC is responsible for monitoring case management performance across responsible entities to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and evaluate data to identify and respond to trends to ensure continuous quality improvement. In addition, the CMSC is responsible for performance monitoring of case management by responsible entities. The committee is charged with reviewing data selected from, but not limited to, any of the following data sets: CSB data submissions, Case Management Quality Reviews, 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 to the QIC. The committee 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 Office of Data Quality and Visualization. Standard operation procedures include: annual review and update of the committee charter, regular meeting 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.

The CMSC reported to the Quality Improvement Committee (QIC) in September and December of 2019. Committee charter revisions were presented in September and data reporting in December. 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. Key accomplishments include: implementation of a redesigned Support Coordinator Quality Review (SCQR) process, Transactional Developmental Disability Support Coordination Pilot for 7 CSBs, completed CSB Quality Reviews, streamlined the WaMS ISP, assisted with Commissioner's request for CSBs to improve case management performance (CSB self-assessment, WaMS data exchange transition, increasing employment, and reducing late RST referrals), and updated the Case Management Modules and developed an online DD Support Coordination manual.

DOJ Settlement Agreement Status

[The Independent Reviewer's 15th Report](#) to the Court submitted on December 15th 2019 included a review of III.C.5.c, III.C.5.d, and V.F.4. This reporting period did not include a full study of case management. The following Independent Reviewer's (IR) findings are the result of the Individual Service Reviews and the Quality Improvement and Risk Management study. Provision III.C.5.c has now been found in compliance for the second consecutive reporting period as evidenced by the IR's findings: the Individual Services Review studies during the tenth, eleventh, twelfth, thirteenth and fifteenth periods found that case managers had offered choices of residential and day providers. The offer of a choice of case managers is now documented as part of the ISP process and was documented for 53 of 54 (98.1%) of the individuals studied in the fourteenth and fifteenth periods. Provisions III.C.5.d and V.F.4 remain non-compliant given the IR's findings: Licensing protocols continue to not include a review of the adequacy of case management services, including a review of whether case managers are fulfilling their responsibilities to determine whether services are being delivered appropriately and remain appropriate to the individual; and DBHDS does not yet have evidence at the policy level that it has reliable mechanisms to assess CSB compliance with their performance standards relative to case manager contacts.

Performance Measure Indicators

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 64 during their annual ISP meeting and develop employment ; Employment discussion target 100%/Employment Goals target is 50%.

- Numerator: Individuals receiving DD Waivers ages 18 64 whose support coordinator had an annual ISP meeting and discussed employment options and whose ISP included employment goals
- Denominator: Individuals on the Waiver ages 18 to 64 who had an ISP meeting completed

Fig. 1 Meaningful Employment Discussions and Goals FY18 and FY19

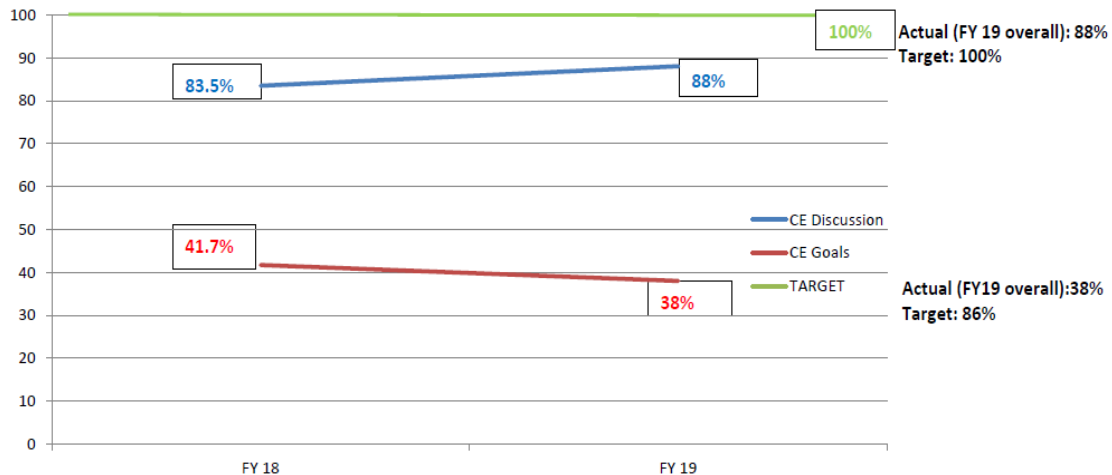


Community Engagement Discussions and Goals

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 18-64 during their annual ISP meeting and develop CE and or CC goals ; CE and CC discussion target 86%/CE/CC Goals target is 75%.

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

Fig. 2 Meaningful Community Engagement and Community Coaching Discussions and Goals FY18 and FY19

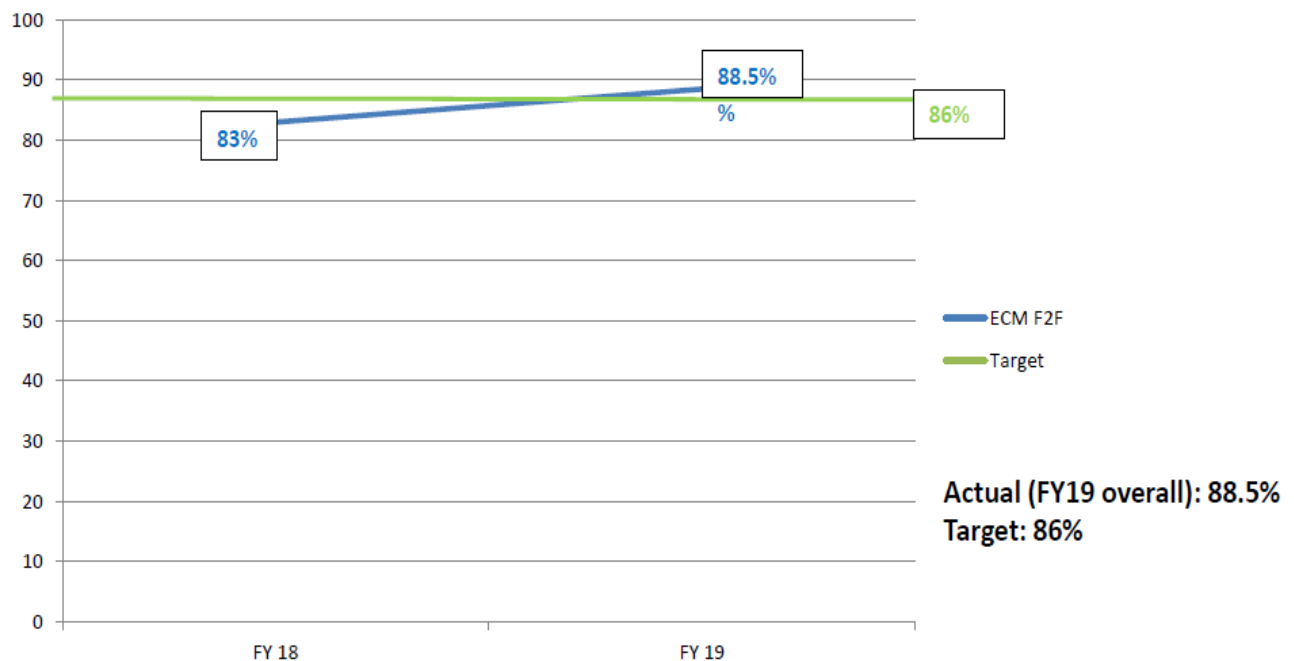


Enhanced Case Management (ECM) Face to Face Visits (F2F)

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%.

- 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. 3 ECM Face to Face Visits per Performance Contract Standards FY18 and FY19

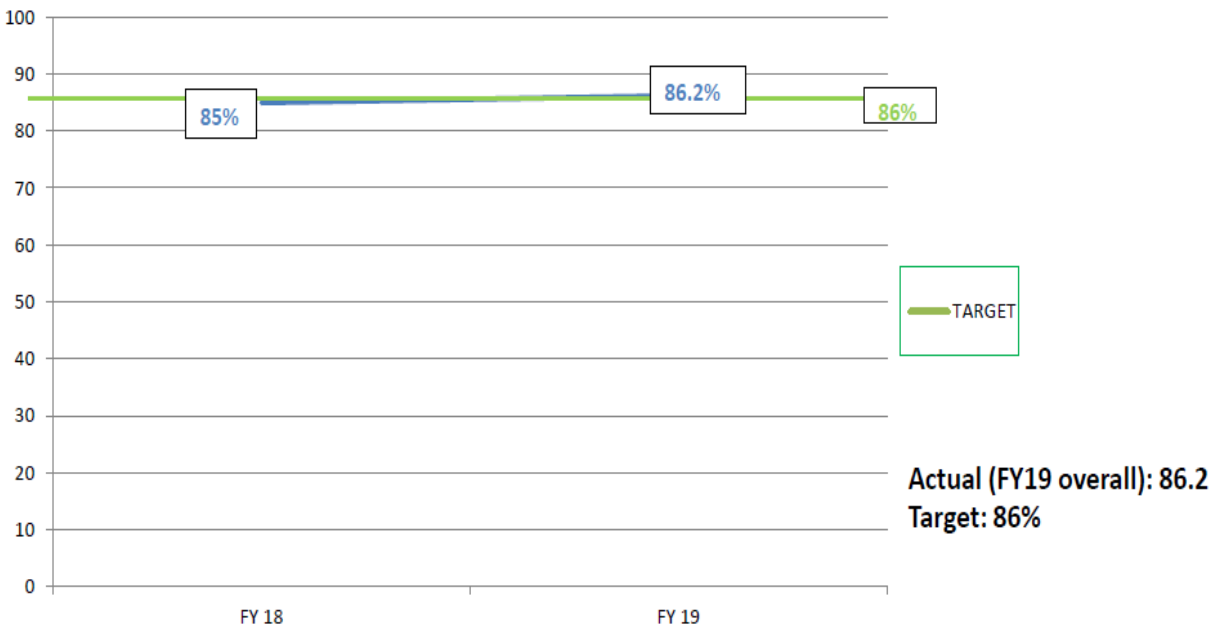


Enhanced Case Management F2F In Home Visits

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%.

- 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. 4 ECM In Home Face to Face Visits per Performance Contract Standards FY18 and FY19

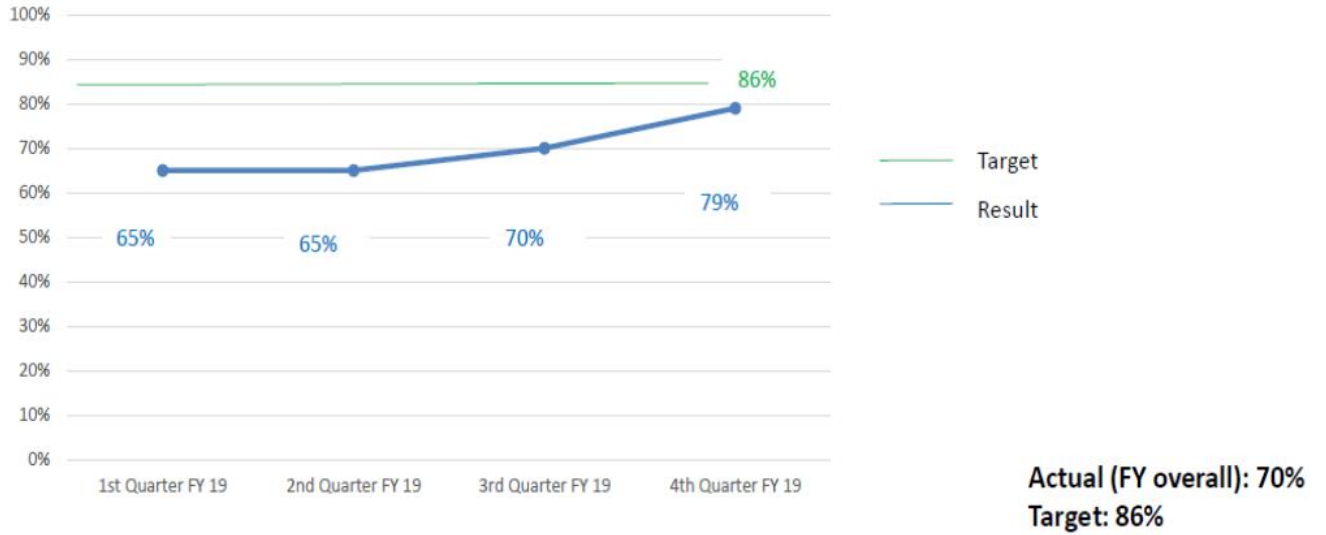


Regional Support Teams and Timeliness of Referrals

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%.

- Numerator: Number of non-emergency RST referrals made on time. (324 referrals made on time; 145 were late)
- Denominator: Number of non-emergency RST referrals. (469 total referrals)

Fig. 5 Regional Support Team Referrals Submitted per Performance Contract Standards FY19

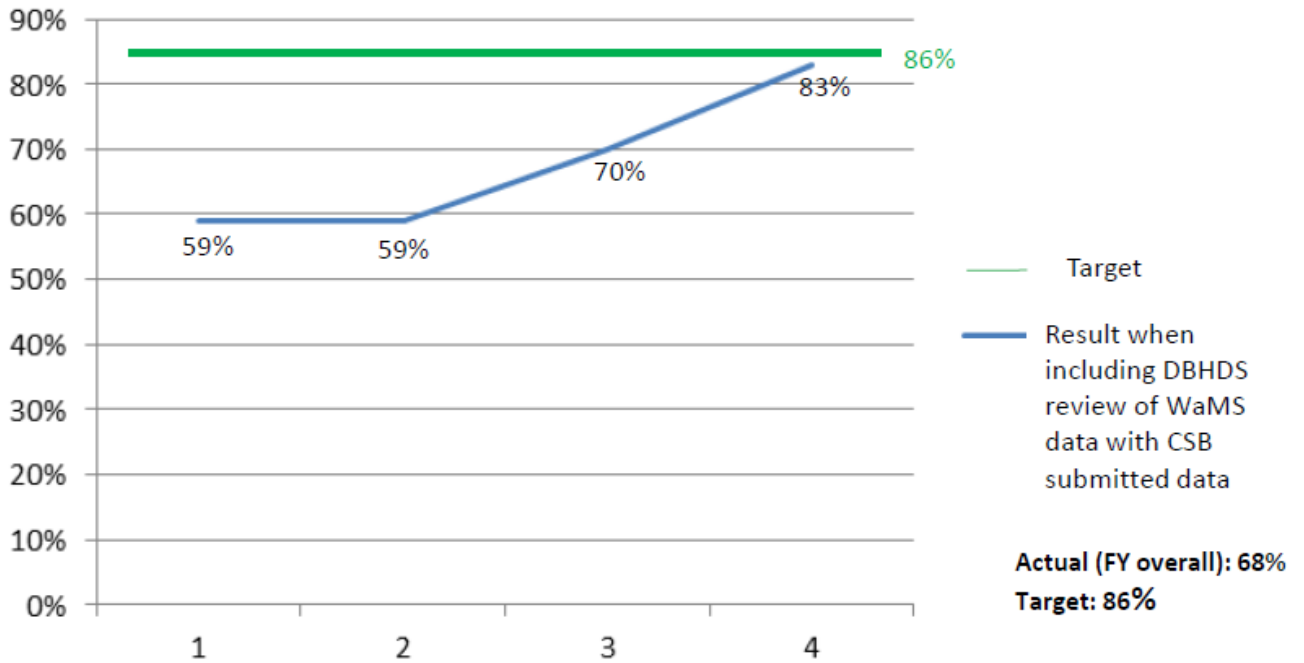


RST Timely Referrals for Those Considering a Move into Group Homes of 5 or More Beds

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%.

- Numerator: Total Referrals Submitted within Expected Time Frames
- Denominator: Total Referrals Submitted and Required Not Submitted

Fig. 6 Regional Support Team Referrals Submitted per Performance Contract Standards FY19



Data Monitoring

Case Management Training and Competency

Fig. 7 Case Management Module Completion FY2020

Month	Certificates Completed
<i>July 2019</i>	102
<i>August 2019</i>	91
<i>September 2019</i>	111
<i>October 2019</i>	222
<i>November 2019</i>	131
<i>December 2019</i>	79
<i>Total</i>	736

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

CSB Performance Contract Measure – ISPs in WaMS revised February 25, 2019

1. By July 1, 2019, 70% of all ISPs resulting from ISP meetings held from April 1 – June 30, 2019 will be live in WaMS either through direct entry or data exchange. Denominator for the determination of the percentage will be based on Annual Plans that are due 5/1-7/30/2019. This assumes meetings occur at least one month prior to their initiation date.
↓ Not Met – 11 of 40 CSBs met the 70% target; and 12 CSBs remain at 0%
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.
↓ Not Met see Figure 5 above at 70% for state fiscal year 2019
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
↓ Not met see Figure 6 above at 68% for state fiscal year 2019

Support Coordination Quality Review

The fiscal year (FY) 2020 SCQR questions and technical guidance were written to assess compliance with the ten DOJ SA case management indicators as well as other facets of high-quality support coordination. In accordance with the DOJ SA compliance indicators, a statistically significant stratified statewide sample of individuals receiving HCBS waiver services 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 will complete 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. The link to the FY 2020 SCQR was disseminated to the CSBs by the Director of Provider Development via secure email. Reporting per the compliance indicator metrics is dependent on the review of two consecutive quarters of CSB submissions. The CMSC FY20 3rd and 4th FY20 report on the surveillance data currently being monitored.

Recommendations

Previous Report

The recommendations from the 3rd and 4th Quarter CMSC Report have been implemented and reported on in previous sections of this report. This is the third consecutive semi-annual report including findings from a broad range of surveillance data sources that includes CCS3, Licensing, RST, Training, and DMAS QMR.

Recommendations

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 in WaMS electronically either by direct entry or through data exchange
- Further develop data reporting capabilities for collecting and providing reports to the CSBs