



COMMONWEALTH of VIRGINIA

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Capitol Building, House Room 3

FACILITATED DISCUSSION

Mr. Cochran facilitated a discussion, related to the Independent Reviewer's (IR) recommendations, by posing questions to the SA Stakeholder Group related to Case Management and Systems Capacity since both are closely linked within the Settlement Agreement and are interdependent upon the ultimate ability of the Commonwealth to comply with requirements embodied within the intent of the agreement. Both Case Management and Systems Capacity were reviewed in detail by consultants and are addressed in recommendations from the Independent Reviewer. A summary of the questions posed and the responses given are provided as an attachment

Mr. Cochran posed the following questions:

Question: "In a transitional system do some members of the community fear moving forward without a tangible program or site from which to choose. In a transitional system do providers of services fear moving forward without tangible evidence that individuals will choose-buy the service being offered?"

Stakeholder Response:

- Much of this starts with Case Management. These discussions are not happening and (CM) case managers are screening out options if a service is not already available.
- Another piece is how providers are trained from the beginning. The Commonwealth may want to focus on spending money to train providers, particularly to care for folks with higher needs.
- The Commonwealth has a number of great providers that are not yet invested in supporting individuals with higher needs. The question is do they go out and hire staff or develop capacity first? If a CM has not seen the service how will they advocate for an individual to choose the service?
- Not all case managers are telling individuals/families about every single service that is possible (even if not available) so if someone doesn't specifically ask about a service they may not be getting information.
- CM should be networking with providers so they can articulate to families about the services available.
- As new providers are developed case managers should be touring.

- There is a concern about individuals currently on the DD waiver and transitioning to a single CM system. Historically, the DD case managers are more flexible and more engaged and the ID CMs serve in more of a gate keeping position. It is important to bring all CMs to the same level
- Data plays an important role, for example as it relates to timely referrals to the RST and capacity.
- There may be a disconnect between providers, case managers, and the Department. There are providers who have capacity that is not being used. There are people in apartments who may not be able to remain under the new waiver because their SIS score is not consistent with the funding needed to support them to live independently. Providers are waiting to see how the services are going to play out.

Question: “What are all the resources at hand or that can be developed? How does the Commonwealth create solutions that do not lock individuals into models for the next 15 or 20 years?”

Stakeholder Response:

- Increase consumer direction options and access to non-disability care options. Using the institute for community inclusion model to help sheltered workshop navigate the new system.
- More consistency in provider training for systematic changes.
- Determine how to take CM out of the role of gate keeper so that individuals will get all of the services they need.

Question: “If case managers are challenged to find solutions, how do case managers remain creative in being person centered balanced with need to find a ‘placement’ or solution to a need today?”

Stakeholder Response: Take more of a DD waiver approach. Think outside the box. Address burnout rate. Re-evaluate the role of the CM in general. Remember changes in CM and waiver will require at least a 6-months transition period.

Question: “How can we help providers develop and respond without over investing in infrastructure, facilities, equipment, vehicles which the provider may not be able to recoup and/or the system changes leaving the provider with stranded costs—when individuals may be at the point of need to show me how you are going to help me now rather than at the point of how can you help me grow and live more independently?”

Stakeholder Response:

- That is benefit of Consumer Directed services.
- Isn’t that the same as any new business? A provider developed supported employment services in Southwest Virginia based on information that 100 people who wanted employment, yet only very few referrals have been received.
- Increase access to CSBs/CMs for providers to talk in more detail about their services as well as needs of the individuals being served by the CSBs.
- Require CSBs and CMs to attend provider fairs.

Question: “Now having framed the lens through which we are examining the IR recommendations today, why do you think the IR thinks the Commonwealth has too few providers and professionals to meet the needs of individuals? And, how will it look if we shift the discussion from sites to supports?”

Stakeholder Response:

- Provide a map of where people want the resources. Providers don’t know where their services will be utilized.
- With limited waiver slots available, providers are not asked about capacity
- Make sure CMs are able to explain the new services

Question: “Virginia relies extensively on regulations in order to assure compliance and the IR lists a litany of regulations needing revisions. What is the alternative to revisions to ensure that providers deliver person centered, outcome focused services which are minimally driven by processes?”

- Look at what other states have done to conduct quality assessments and measure outcomes.
- Sometimes people only comply because of the regulations. It is important to have a strong accountability aspect that does not incentivize cheating.
- There is a lot of focus on the Office of Licensing rather than developing a Quality Improvement Process and developing a continuous cycle of improvement.
- It is important to coordinate efforts of the Settlement Agreement with the CMS transition plan. Four states have had transition plans approved. Our systems are not coming together and this stakeholder group includes a lot of the right people to participate in the discussion.

Question: From the last report addressing case management and system capacity, what, if any of, the recommendations gives you confidence that the Commonwealth will have made a significant leap forward in 18 to 24 months?”

- Increase consumer direction options.
- Access to non-disability care options. Use the Institute for Community Inclusion model to help sheltered workshop navigate the new system.
- More consistency in provider training to support systematic changes.
- Providers have increased access to case managers/CSBs
- Increase transparency – listing providers and linking with quality reports/OL reviews, complaints, search by locality, STAR ratings
- Provide opportunities and required case managers to meet with service providers in more collegial settings, not only to discuss individual situations.
- Develop a true assessment of what people really want/need, for those on the waiting list.
- Allow for acceptable margin of error without penalty for providers who are doing their best – substantial compliance methodology

- Look at what requirements/paperwork is no longer necessary for CSBs to complete in order to balance out the increased amount of expectations put on CSBs.