Developmental Disability Services: Current Status & Availability of Resources from DBHDS & DMAS

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Agenda

Provider Network Supports

- CM Indicators QII
- WaMS RFI
- DOJ Summit

Waiver Network Supports

- FY 2025 Waiver Slot Assignment vs. Allocation
- Waiver Enrollment Delay over 150 days
- Service Authorization Manual Auto Approval vs. System Auto Approval

DMAS

- CMS Updates/Waiver Applications
- DD/ID Support Coordination Updates

- **Questions?**

Case Management Updates:

CM Indicators QII
WaMS RFI
DOJ Summit

Eric Williams
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Indicator 31

Community Services Board Quality Review (SCQR). The Commonwealth will work to achieve a goal that 86% of Community Services Board (CSB) records meet a minimum of 9 of the 10 elements assessed in the Case Management Quality Review.

- DBHDS will require a quality improvement plan "two or more elements with substantial or moderate interrater reliability…not achieving 60% compliance."
- DBHDS will provide information about which CSBs need this support in the SCQR Report.
- DBHDS will provide targeted technical assistance "to any CSB (i) whose records are not 86% compliant with...specific and measurable outcomes" or "does not demonstrate improvement with respect to…specific and measurable outcomes in ISPs (including evidence that employment goals have been discussed and developed…)"
- "If the Commonwealth has not achieved the goal within one year…DBHDS will increase the threshold for requiring a quality improvement plan from a CSB…"
- "If the Commonwealth has not achieved the goal within one year after taking the actions…DBHDS will conduct a root cause analysis and implement a Quality Improvement Initiative…until the goal is achieved and sustained for one year."

Permanent Injunction: Case Management Indicators

SCQR nine of ten indicators

1. Choice of SC/CM
2. Choice of Providers
3. Measurable outcomes including employment
4. ISP development participation
5. ISP conflict resolution
6. SC/CM assists with developing comprehensive ISP
7. Risk assessment and mediation
8. ISP includes necessary supports and services
9. Appropriately implemented services
10. Change in status and plans modified

9 of 10 Indicators Quality Improvement Initiative

A key performance measure from the Support Coordination Quality Review (SCQR) is the percent of records that meet at least 9 of the 10 Indicators. The results for the past three years have been as follows:

FY21=42%
FY22=53%
FY23=64%
FY24=72%

Even though the result has steadily improved, it is still below the goal of 86%.

9 of 10 Indicators
Quality Improvement Initiative

Support Coordinators

- Case Management Steering Committee
- Comprehensive overview
- How to meet each indicator

Providers

- KPA Workgroups
- Comprehensive overview
- How providers support

Primary Steps:

Create two Indicator Overview videos. One targeted to SCs and one to providers
Utilize SCQR guidance to align points of instruction
For SCs: Create a video walkthrough demonstration of how to meet each indicator
For providers: Create a video overview of indicators and how providers can support
Release videos for SCs through DS Council and video for providers through Listserv
Post both videos on YouTube.

Indicator 58

Case Management Steering Committee (CMSC) Measures

The Case Management Steering Committee will continue to establish two indicators in each of the areas of health and safety and community integration associated with selected domains…and based on its review of the data submitted from case management monitoring processes.

- The Commonwealth will work to achieve a goal of 86% compliance with the four indicators established by the CMSC.
- DBHDS will monitor data collected in these domains and determine if any intervention is needed.

Indicator 58

Health, Safety, and Wellbeing	
16 (**PMI**)	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%). **III.C.5.b.iii; V.F.2; V.F.5.**
17 (**PMI**)	Individual support plans are assessed to determine that they are implemented appropriately (Target 86%). **III.C.5.b.iii; V.F.2; V.F.5.**
Choice and Self-Determination	
18 (**PMI**)	Individuals participate in an annual discussion with their Support Coordinator about relationships and interactions with people (other than paid program staff) (Target 86%). **V.D.3.f; V.F.5**
19 (**PMI**)	Individuals are given choice of support coordinator, at least annually. (Target 86%) **III.C.5.c; V.F.5**
20 (**PMI**)	Individuals are given choice among providers at least annually. (Target 86%) **III.C.5.c; V.F.5**

Request for Information

DBHDS is reviewing functionality needed to enhance the Waiver Management System to modernize and improve the system through a Request for Information (RFI) process.

This could include a Request for Proposal (RFP) process in the next two years to renew the contract with the current or alternate vendor.

The following areas are included in a “wish list” of program enhancements. We appreciate your input and thoughts on additional features you’d like to see in the updated system.

- Individual/Family Portal
- Case Management
- Dashboard
- General updates
- Individual Support Plan
- Reports
- Service Authorization
- Slot Management
- System Integration
- Training
- Wait List
- Administration
- Roles/Permissions

Individual/Family Portal

1. Develop a Portal for family access to records, submit forms, etc.

2. Allow individuals to view their own records and submissions.

Case Management

3. SC Assignment: Mandatory When Applicable & Maintain Assignment History

Dashboard

4. Recently Viewed & Customizable Views Based on Role

General Updates

5. Multi-Factor Authentication (MFA) and Single Sign-on (SSO)
6. Alerts and Tracking for Time-Sensitive Documents
7. Data Dictionary and Data Glossary
8. Auto-Save Feature and Extended Session Time
9. System flags SC when a field that is required is not updated
10. Provide language translation capabilities for forms and applications
11. More intuitive layout/design (e.g., Relocate submit button)
12. Tracker for application/task progress
13. Search/Lookup

General Updates

14. Mobile Access/Responsive Web Design
15. Alerts and Tracking for Time-Sensitive Documents/Specific people
16. USPS Address Verification Tool
17. Ability to email users and participants / Messaging System
18. Integrate with Outlook
19. Generate appeal summary for future appeal
20. Medicaid Status and Renewal Notifications
21. Off-Line Availability
22. Provide automated validation checks for missing or mismatched services
23. Functional signatures

Individual Support Plan

24. List ISPs in chronological order
25. Auto-Populate Dates in Part V Based on ISP Date
26. Link Service Authorizations (SAs) with ISPs
27. Link SA data with specific ISP / ISP History Table linked to SA data for auditing
28. Supports Calendar visible to all users, not just individual providers
29. Incorporate Supported Decision-Making Section those on Wait List

Reports

30. Enhanced reporting capabilities based on CSBs/Providers' needs

Roles and Permissions

31. Granular Role Structure and Permissions
32. Restrict record so case manager can't see own family member's record

Service Authorization

33. Automated notification feature for Notice of Action (NOA) on service denial
34. System-generated timestamps for SA processing to track workflow and make it visible
35. Enable ability to change waivers and services with one click
36. Calculate days since submission for SA Consultants
37. Automated decision-making functionality for Service Authorizations (SAs)
38. Add dropdown for pends options and integrate with WaMS manual

SIS

39. Incorporate SIS information for providers to schedule SIS assessments

Slot Management

40. Integrate Reserve Slot Process directly into WaMS
41. Enhance tracking for Slot History / Slot Release Dates
42. Build In Retain Slot Triggers for CSBs

System Integration

43. Full Integration of Key Modules into a Unified System
44. Integrate WaMS with DMAS/MES, CSB EHRs, SIS Online, Connect

Training

45. Provide training environment for all stakeholders

Waitlist

46. Remove people from waitlist when a choice form is not submitted annually

DOJ Summit

On March 19th, DBHDS held a DOJ Summit to look for opportunities to streamline forms and processes and reduce redundancies across offices.

Primary Guiding Questions

What Do We Need…

- To Know that Case Managers are of Good Quality and the Services they are providing are of good quality?
- To know that Providers are of Good Quality and the Services they are providing of Good Quality
- To know that the System is of Good Quality?

Three workgroups processed the information:

Case Management **Providers** **System**

Then we considered

What data do we have now? Is it sufficient or too much?

Based on what we know we evaluated…

- Current processes/forms
- Additional processes
- Removal of processes
- Streamlining of processes

To understand…

- Why processes are needed or not needed
- How information is already captured
- Any redundancies
- How we can reduce considering individual and provider perspectives

Today, we will provide case management results for discussion and feedback. Provider and System results will be shared in a coming update.

- ✓ Easy
- ✓ Medium
- ✓ Challenging

✓ Easy

- Develop and release Support Coordination “marketing” materials to assist the broader community with understanding TCM services.

- SC Roles and Responsibilities
  - Provide support materials to SCs that increase their understanding of the steps needed to support and individual under TCM from the beginning to discharge
  - Provide guidance around “caseload management” techniques
  - Provide additional guidance around person-centeredness, informed choice making, ethical practices, documentation, soft skills, and health & safety.

- Develop an “SC person-centered review template” with samples and guidance on completion.

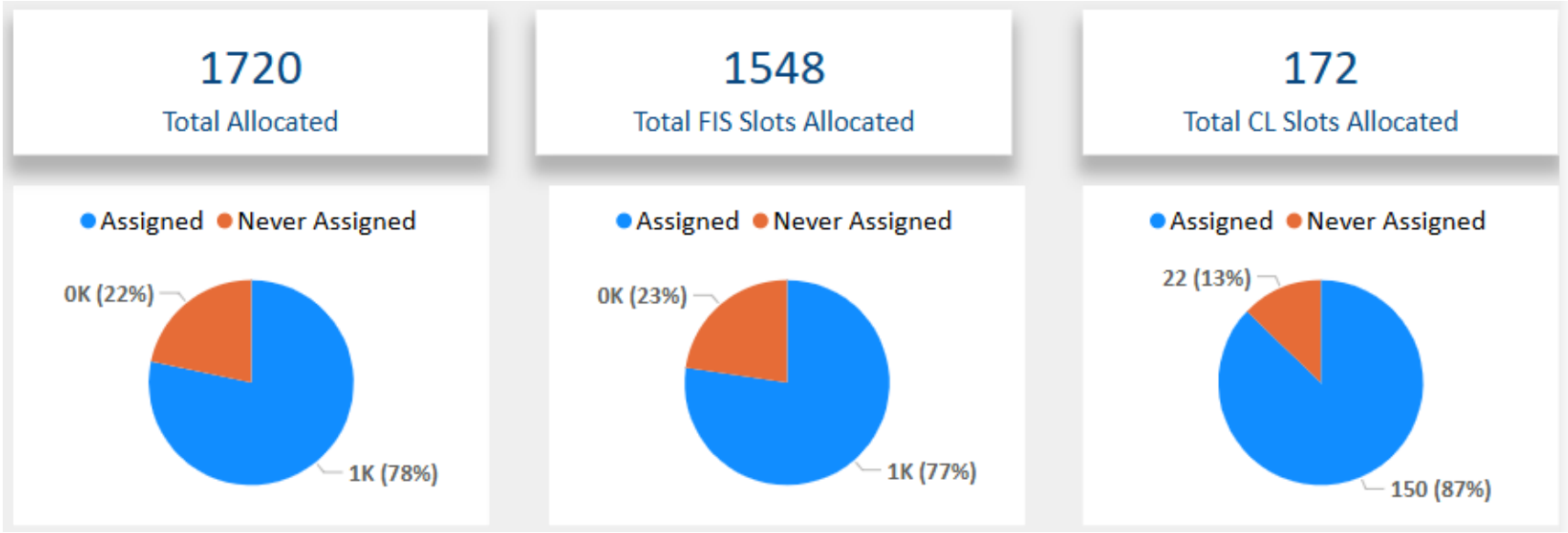
✓ Medium

- Develop a method for easier identification of provider locations and services.
- Provide clear guidance around the CM role when interfacing with the school system.
- Include DD information in the DBHDS CSB Dashboard
- Build guidance around Person-Centered KSAs in relation to competence, empathy, and customer service.
- Develop resources and support SCs in communicating information with individuals and families following plain language principles.
- Move DBHDS-required forms into the DBHDS electronic system, reduce, and combine as possible.

✓ Challenging

- Develop a joint incident reporting form in an electronic format for SC and provider use.
- Clarify how data is distributed to include sending information to people with services and lawmakers.
- Establish one TCM service.
- Establish value statements for case management service provision.
- Support SCs with the identification of local resources.
- Address administrative burden across CSBs, DBHDS, and DMAS.
- Reduce and clarify any SC and SF redundancies.
- Develop a planning guide for families with and without waiver.
- Develop a career ladder for support coordinators.
- Geomapping provider locations and services.

FY 2025 Total Slots Allocated vs Assigned (May 5, 2025)

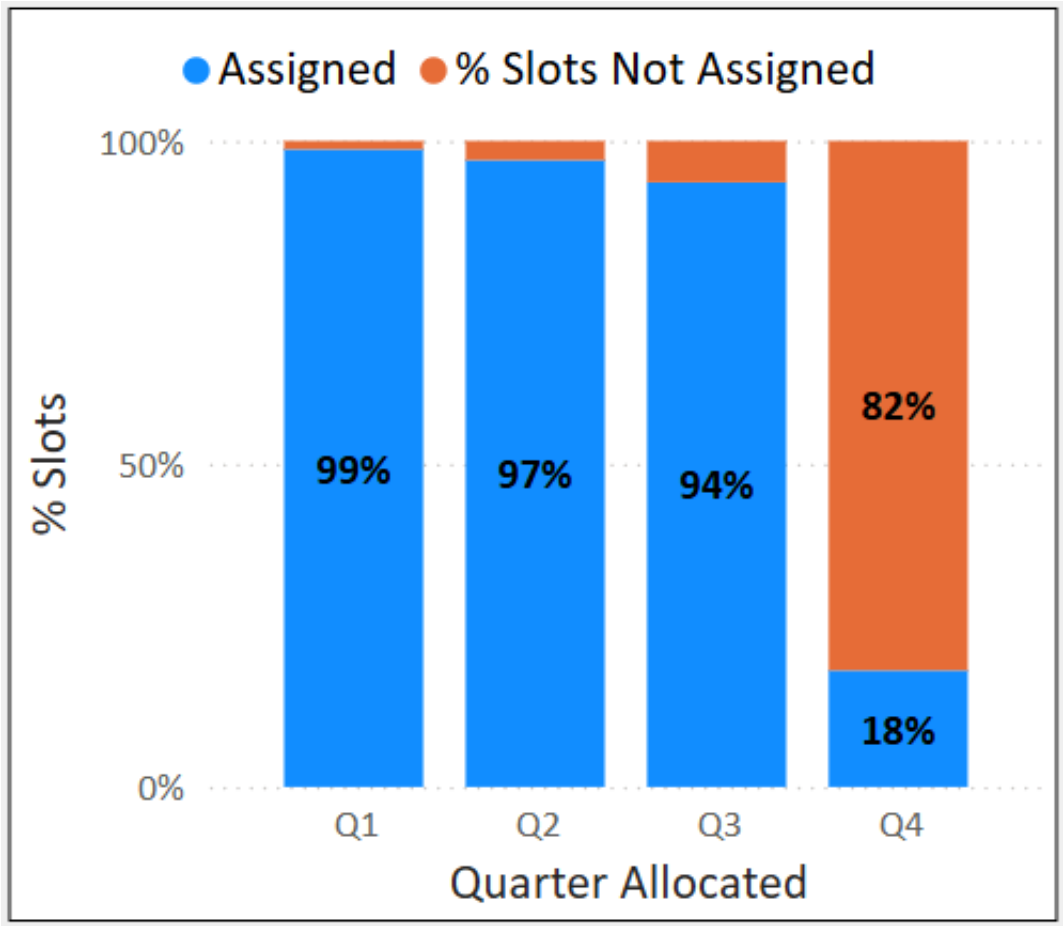


Total
Assigned 1347

FIS
Assigned 1197

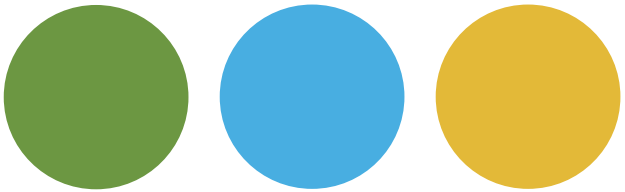
CL
Assigned 150

FY 2025 Quarterly Slots Assigned (May 5, 2025)



Permanent Injunction Term 43.b Timely Waiver Service Enrollment

- 43.b. - Within three months of the date of this Order, the Commonwealth will contact individuals at the end of each quarter who have not been enrolled in a services within five months and their families and case manager to determine why services have not been initiated and what barriers delayed initiation of services. DBHDS will report on the barriers identified quarterly as well as actions being taken to remediate those barriers and results achieved.

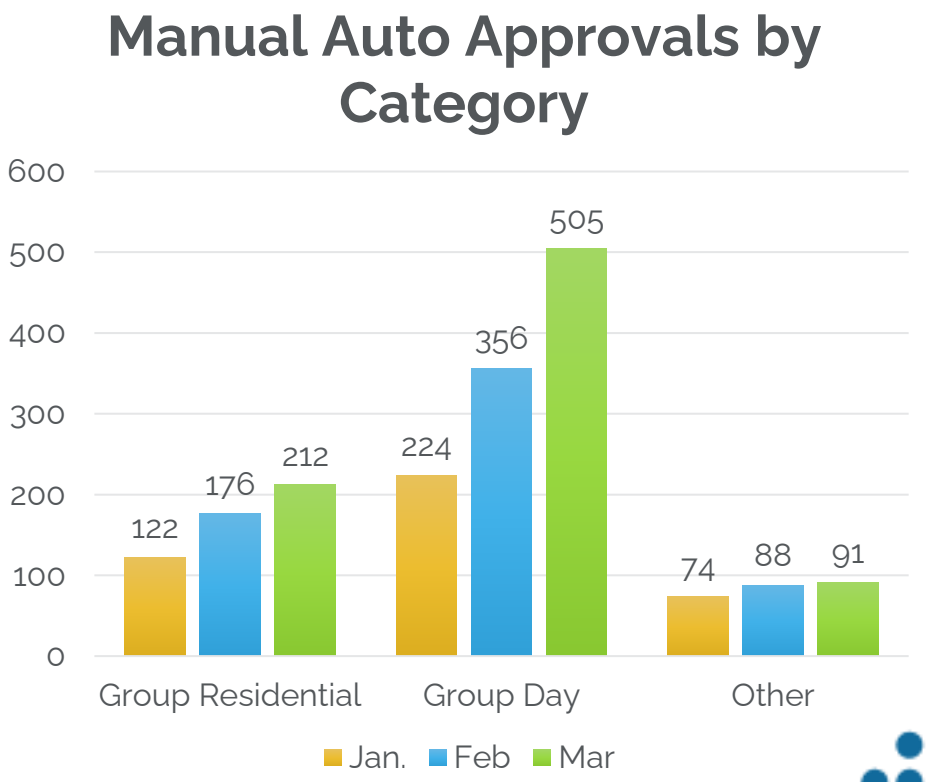


- **DBHDS conducting monthly calls to with no active Service Authorization after 150 days.**
  - **Top Two Barriers (2)**
    - CM/CSB issue/delay or lack of education from CSB to individual/family
    - Delay or issues in Medicaid/Insurance enrollment
  - **Positive Takeaway**
    - Many are starting services between 150 days-180 days

Manual Auto Approval

Service Categories

- **Congregate Residential**
  - Group Home
  - Sponsored Residential
  - Supported Living
- **Day Service**
  - Group Day
  - Community Engagement
  - Group & Individual Supported Employment
- **Other**
  - Personal Assistance
  - Companion
  - Respite



Proposed System Auto Approval

Update on Process

- Small user updates
  - Enrollment
  - Merger of SIS assessments
  - ISP in chronologic order
  - Removal of all outstanding SAs
- Met with Fei - WaMS Vendor
  - Proposed Phases of Auto Approval
    - **Phase 1** – Congregate Residential
      - Group Residential
      - Sponsored Residential
      - Supported Living
    - **Phase 2** – AD/CD
      - Personal Assistance
      - Companion
      - Respite
    - **Phase 3** – Day Services
      - Group Day
      - Community Engagement
      - GSE/ISE
    - **Phase 4** – All other Auto Approve Eligible
      - Crisis Services
      - WPA
      - In-Home
      - Peer Mentor

CMS Updates

- CMS recently approved the applications for Virginia's Community Living, FIS, and CCC+ Waivers.
  - RE – CL, FIS, CCC+ Waivers: Finalizing LRI process and removing degree requirements for Services Facilitation
  - RE – CL and FIS Waivers: Combining budgets for Assistive Technology and Electronic Home-Based Services.
- These approved updates will be detailed in forthcoming Medicaid Bulletins and/or Memos.
- DBHDS and DMAS are working together to operationalize the budget mergers for AT/EHBS.

Quick Reminder: DD and ID Support Coordination

- **T1017/ID Support Coordination:**
  - Target Group. Medicaid eligible individuals who have an intellectual disability as defined in § 37.2-100 of the Code of Virginia.

- **T2023/DD Support Coordination:**
  - Target Group: Target group. Medicaid-eligible individuals with developmental disability (other than intellectual disability) or related conditions as defined in § 37.2-100 of the Code of Virginia who are on the waiting list or are receiving services under one of the Developmental Disabilities (DD) Waivers.

- **Support Coordination billing should coincide with the documentation contained within the individual's record.**

Questions?

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