



# Maryland Developmental Disabilities Administration Coordination of Community Services

An Update to the NASDDDS Review Completed March 2015



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# Introduction

In 2015, Maryland Developmental Disabilities Administration (DDA) contracted with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to conduct a review of the functions and processes of Targeted Case Management in Maryland, known as Coordination of Community Services (CCS), and to make recommendations for improvements.

The DDA made a second request in 2021 for NASDDDS to follow up with CCS stakeholders to discuss progress made since the 2015 review, examine the system and processes tied to the work of the CCS agencies and case managers, and identify recommendations for continued improvements.

This report is a summary of the “as-is” state of Maryland’s service system as it pertains to the work of the CCS agencies and case managers. The report also takes into account the impacts of the COVID-19 Public Health Emergency (PHE) and the state’s experiences, concerns, and challenges as the pandemic continues. In addition, the report provides recommendations for consideration to enhance service delivery practices and the system of supports behind them.

Simultaneous with this work to review the infrastructure underpinnings of the provision of CCS in Maryland, DDA also is reviewing the person-centered planning (PCP) process with the help of the University of Missouri at Kansas City (UMKC). These two projects are independent of one another, though overlap in content and recommendations may result, given the nature of the reviews.

## Maryland System of Supports for Individuals with I/DD

Maryland has long operated the Community Pathways waiver to support individuals with intellectual and developmental disabilities (I/DD). This waiver is comprehensive and offers the full array of supports and services, up to and including out-of-home residential services in small community based settings. Maryland recognized that the service delivery system would benefit from more interim options to support individuals and families and, in 2019, added both the Community Supports Waiver and the Family Supports Waiver to enable the provision of services at the right time to meet the needs of individuals and families. Table 1 is a summary of DDA’s three Medicaid home and community based services (HCBS) waiver programs, including the number of people served, the types of services, and the age category of each.

<b>Waiver Program</b>	<b>Number of Individuals Served</b>	<b>Types of Services Include:</b>	<b>Ages Served</b>
<b>Community Pathways</b>	Approximately 16,000	Full array of services, including career exploration, Supported Employment, community living group home, live in caregiver supports among others.	*New enrollees 18+
<b>Community Supports</b>	Approximately 1700	Support services, employment and day services among others. Does not include out of home residential services	*New enrollees 18+
<b>Family Supports Waiver</b>	400	Wide array of services to support an individual in the context of their families	0-21

\*Children who were enrolled in these waivers prior to amendment #3 that changed the age to 18+ remain in these waivers.

These three waivers provide a continuum of supports throughout the lifespan for individuals with disabilities, supporting them in the context of their families at all ages and transition points. The addition of these new waivers enhanced options for community living for individuals with I/DD and their families, modernized Maryland’s service options, improved access to services and supports for individuals to gain employment. These changes, along with amendments to the Community Pathways waiver, created opportunities for the system’s ability to meet the needs of individuals and families while also requiring a strong approach to change management.

## Maryland Systems Change Efforts

As depicted in Exhibit 1, the NASDDDS review of CCS in 2015 identified key areas to strengthen the overall delivery and support of CCS agencies and case managers. In addition to launching new community-based waiver programs, DDA made additional system changes since the NASDDDS review of CCS in 2015 and took ambitious steps to achieve its vision and mission.

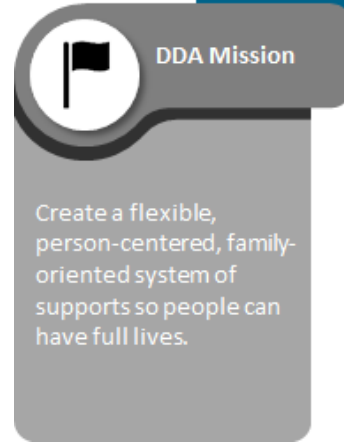
These improvements, tied to Maryland’s focus areas, include:

- Investments in person-centered supports and services by:
    - Adopting the outcomes from CQL and integrating them into the PCP and Long Term Services and Supports Maryland (LTSSMaryland) system;
    - Reconvening the PCP workgroup to implement the recommendations from Support Development Associates review and the NASDDDS review, which were independent of one another;
    - Updating the targeted case management (TCM) regulations and related materials to include language reinforcing the HCBS regulations, including that PCP includes people chosen by the person, and the plan is directed by the person;
    - Securing a contract with the University of Missouri, Kansas City (UMKC) to review the PCP process and checkpoints; and,
    - Issuing Guidelines for Service Authorization and Provider Billing Documentation that simplified the billing requirements to enable a more nimble CCS agency response to individual needs.
- Enhancements to CCS training to build capacity in the delivery and provision of services by:
- Creating multiple opportunities and modalities for CCS agencies and DDA communication, covering a full range of topics, challenges, and opportunities;
  - Implementing 25 new modules of training developed by the Columbus Organization; and,



**DDA Vision**

People with developmental disabilities will have full lives in the communities of their choice where they are included, participate, and are active citizens.



**DDA Mission**

Create a flexible, person-centered, family-oriented system of supports so people can have full lives.

**Exhibit 1. 2015 Findings and Recommendations Themes**

1. Focusing on a person-centered system
2. Building Infrastructure to Support Effective CCS Services
3. Develop a Training Program to Strengthen CCS Knowledge and Competencies
4. Reduce Administrative Complexity, and;
5. Rate structure and units of service maximum.

- Making significant progress on improving employment outcomes for individuals with I/DD, prioritizing employment always as the first service considered but not the only choice.
- As an Employment First state, meaningful day and employment services begin with the belief that all individuals with developmental disabilities can work when given the opportunity, and receiving training and supports enable individuals to build on their strengths. Improving data capabilities and embarking on a Request for Proposals (RFP) process for a Quality Improvement Organization to provide oversight of TCM.
- Expanding waiver capacity year over year and creating a more robust service array in an ongoing statewide commitment to individuals with I/DD; and,
- Developing a revised statewide rate methodology and devising authorization strategies that enable real-time, agency-level responsiveness to individuals served.

Many of these efforts are broad-based, systems-level improvements related to overarching service delivery structures. Many also pertain directly to or affect the work of case management, incorporating many of the recommendations identified during the 2015 review.

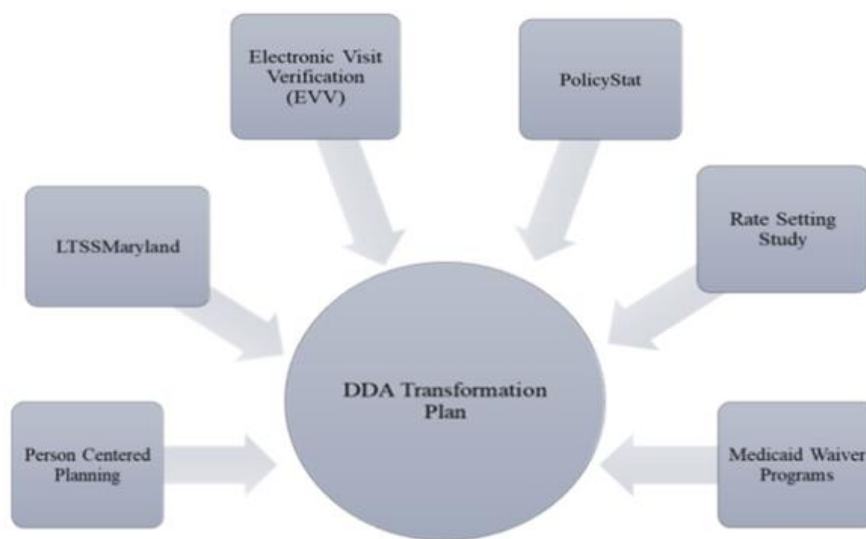
The list above is a clear indication that DDA has made significant changes since the prior review of CCS.

## Review Methodology

To understand the current CCS landscape, NASDDDS conducted a detailed document review, including all applicable statutory, regulatory, policy, and operational documents, as well as a scan of available data about CCS performance. NASDDDS engaged in structured, facilitated conversations with staff from each of the four regional offices of DDA, CCS agency leadership, and case managers from CCS agencies located within each of the four DDA regions. NASDDDS also engaged with DDA leadership at headquarters, as well as with key DDA staff related to the LTSSMaryland system and met with DDA contractors with expertise in data extraction and analysis from the LTSSMaryland system.

Specifically, these structured discussions, conducted from March 2021 to August 2021, included the following:

- Four listening sessions with staff from each of the four DDA regional offices;
- Two listening sessions with CCS agency leadership;
- Two listening sessions with CCS case managers from each CCS agency;
- A detailed demonstration and walk-through of the LTSSMaryland Information System;
- An introduction to available standing and ad-hoc reports with Alvarez and Marsal consultants;



- A discussion with UMKC staff related to their analysis of the PCP process.

In total, the NASDDDS team met with more than 50 individuals involved in the delivery of targeted case management in Maryland.

## Impact of the COVID-19 Pandemic

Like every state, Maryland's system of support for individuals with I/DD experienced unprecedented challenges during the COVID-19 pandemic. The implications of the virus touched all people supported by DDA and the essential direct support workforce, and forced rapid adaptation to day-to-day business operations of the state system and provider network, including CCS.

The pandemic forced substantial change to some of the core functions of the CCS, both for individual case managers and agencies. The CCS pivoted to virtual supports and played an important role in ensuring that individuals with disabilities received effective supports to meet their needs despite the infusion of infection controls, the practice of social distancing, and alteration of daily routines and service delivery. All CCS reported increased demands and difficulty executing high-quality work during the pandemic, exacerbated by longer work hours, business practice changes, and a rapid pivot to virtual supports. One of the most noted challenges was the inability to meet face to face with those supported, an aspect of CCS essential to build relationships and to ensure health and welfare. Like other areas of the service delivery system, CCS agencies report an increased burnout of staff, increased mental health support needs of individuals, and an increase in staff turnover, which was already on the rise before the pandemic.

Positively, the pandemic helped to push creativity, spotlighting the need for more technology solutions to support people differently, improve efficiency, and enhance the services and experiences of individuals served. These modifications to CCS routines and service delivery for individuals forced by the pandemic, and instituted through Maryland's Appendix K and emergency State Plan Amendments, will inform the provision of HCBS moving forward. Heightened attention to the need for regular wellness checks with participants has resulted in raised sensitivity to how programmatic and service delivery changes impact reported satisfaction with services. In addition to the changes in job responsibilities, the CCS agencies report that communication between DDA and CCS agencies leadership and coordinators has continued to improved, where, in some cases, daily contact has resulted in transparent information sharing and stronger relationships across the system.

## Coordinators of Community Services Roles and Responsibilities

The DDA funds three types of ongoing CCS to eligible people, including Waiting List Coordination Services, Community Coordination Services, and Transition Coordination Services. CCS supports are provided under the Medicaid State Plan as targeted case management and include the following core functions per the Code of Maryland Regulations (COMAR) 10.09.48:

- Completing the Comprehensive Assessment;
- Facilitating the development of the Person-Centered Plan with the person, their family, and self-selected members of support;
- Monitoring and conducting follow up to assess the quality of service implementation; and
- Making referrals for and arranging related supports.

The CCS case managers assist people with I/DD and their families in learning about and gaining access to resources in their community, planning for their future, and accessing needed services and supports to ensure

that they are able to live their best life. The core responsibilities of the CCS are to coordinate services that are planned and delivered in a manner that encourages self-sufficiency, health and safety, real community participation, and a desired quality of life.

The CCS agencies submit certified monthly invoices for all coordination services delivered during each 30-day period, documenting each billable activity and aligning with what is recorded in LTSSMaryland. The DDA designated staff are required to conduct a verification review of a sample of documented service activities to confirm the accuracy of billing. CCS rates include a flat rate for initial eligibility and comprehensive assessment, with all other billable activities charged on a 15-minute unit, effective July 2020.

Table 2 lists the 17 agencies providing CCS across Maryland, by regional catchment area. Ten of the 17 are county health departments, which adhere to state hiring practices. The remainder are private agencies. These entities range in size from serving 400 individuals to others serving over 12,000 individuals. These are diverse organizations with commonalities across entities as well as great differences.

CCS Provider Name	Region			
	W	C	S	E
Beatrice Loving Heart, Inc.	•			
Caroline County				•
Cecil County				•
The Coordinating Center		•	•	
Charles County	•		•	
Dorchester County				•
Kent County				•
MMARS	•	•	•	•
Montgomery County			•	
Optimal Health	•	•	•	•
Queen Anne’s County				•
Resource Connections			•	
Service Coordination, Inc.	•		•	
Talbot County				•
Total Care Services, Inc.		•	•	
Wicomico County				•
Worcester County				•

# Findings and Recommendations

Five themes emerged from NASDDDS's review and organization of the findings and recommendations.

1. Knowledge translation and change management
2. Policy development and implementation strategies
3. Roles and responsibilities
4. LTSSMaryland: Structural information systems considerations
5. Communication and strengthening working relationships

These themes all are interconnected and recommendations in one area may directly relate to or influence another.

## Theme 1: Coordinated Knowledge Translation and Change Management

The role of case managers, called CCS case managers in Maryland, requires a deep understanding of state systems, policies, and processes. Case managers are the primary conduits for state communication with individuals and families. This conveyance of information must be sufficiently comprehensive and timely to enable a translation of policies and procedures from a broad systems lens to their implications for individuals and their families. This deep-end knowledge must be contemporary to ensure that individuals can understand the landscape in which they will receive supports and services. Furthermore, the individual case managers must be proficient in the tools of their trade for sharing and receiving information on behalf of individuals with disabilities. To facilitate and optimize the CCS case managers' knowledge levels in all of these areas, Maryland must devise methodical approaches for the sharing of information in modalities and with a periodicity that contributes to a meaningful and continuous sharing and enhancing of knowledge, particularly in dynamic systems undergoing rapid and sometimes dramatic change.

### *Policy, Procedures, and Practices*

Each of the system partners with whom the technical assistance team spoke identified a challenge with keeping abreast of policy issuances and, more importantly, thoroughly understanding their implications. Individuals noted both the complexity of issues requiring rapid distillation and the sometimes fast pace of policy dissemination as factors contributing to barriers to knowledge acquisition. CCS teams indicate that during the past few years change has occurred with a high frequency accompanied by an expectation that new directives go into effect immediately, sometimes causing confusion, requiring frequent and repeated explanations of services and supports, and resulting in the need to educate and re-educate staff on the changes.

The CCS reported that these issues have improved significantly with the designation of a CCS point of contact at each of the four regional offices, ensuring a better flow of information, creating an opportunity for joint learning, and fostering a common understanding. Furthermore, CCS teams indicate that the bi-weekly calls between DDA and CCS have been helpful to identify trends, announce special projects, discuss news, and provide updates to policies. In spite of these improvements, knowledge gaps continue, potentially attributable to rates of CCS turnover, CCS workload demands, and varied supervisory structures that may hinder ongoing policy and information reinforcement within the CCS entities.

These knowledge transfer challenges influence the day-to-day activity of the CCS but also have direct implications for the DDA Regional Office staff. DDA Regional Office staff report that the nature of the

relationship with CCS entities and individuals sometimes is akin to a supervisory role, providing direct guidance and recommendations, or requiring hands-on technical assistance. One region noted this was particularly apparent for the CCSs assigned to support individuals with complex support needs, including forensic involvement.

While information is available in many different ways to the CCS, a formal structure for the conveyance of this information, a repository dedicated to CCS access, and time to digest and distill the information will assist in strengthening the overall knowledge base of the CCS workforce in Maryland.

### *Information Technology Advancements*

The issues identified related to knowledge transfer also arose in discussions with CCS related to Maryland's transition to a new technology platform designed to centrally house service plans, service authorizations, and billing data.

While DDA provided extensive training and technical assistance as part of the LTSSMaryland rollout, the CCS teams found the pace of change to be very fast and confusing when communications and directives originate from different sources. This initial training, while essential, was not wholly sufficient to account for normal technical glitches that CCS staff encounter in LTSSMaryland as they performed their day-to-day activities. CCS staff suggested that subsequent trainings and on-demand resources would be helpful to focus on the details of the platform, the linkages of the platform to DDA processes, and LTSSMaryland components and functionality. This approach to training and continuous learning provides an opportunity for the sustainable understanding of the system features and provides a strategy for orienting new team members. Such an approach will further provide CCS case managers with the needed time to digest and apply what they have learned and formulate more practical questions as they use the system to perform their job.

### *Recommendations*

- ◆ Develop a comprehensive, foundational knowledge management framework that spans all needed areas of knowledge transfer, including policy, processes, and information technology. This approach will benefit CCS and DDA staff and stakeholders alike. The framework should include:
  - Key roles and designated leaders to both shape and champion the knowledge management approach and content;
  - Detailed processes by which information is available so that it is easily obtained, consistently presented, easy to understand by all system stakeholders, secure, and contemporary;
  - Content management strategies that enable a sensible, understandable taxonomy of information that is intuitively locatable (e.g., manuals, enumerated documents, etc.);
  - A strategy to share information about the approach, including a method to continue its stewardship; and,
  - A detailed, multi-level approach for dissemination and reinforcement of learning.
- ◆ Institute firm protocols related to policy issuances that reflect a realistic assessment of deployment and scalability considerations, including timeframes and levels of effort, across all regions of the state. The effective and successful implementation will depend on an assessment approach that factors in demography, volume, geography, and all facets of affected DDA business processes.
- ◆ Identify and celebrate scalable practices that highlight collaboration working well in all corners of the state.



- ◆ Deploy effective change management strategies, including frequent and regular meetings - statewide and regionally - with CCS agencies, where the agendas include early alerts and ongoing dialogue regarding changes that affect the implementation of the CCS. This type of openness and willingness to further collaborate and build solutions together will enhance the capacity of the CCS case managers.

## Theme 2: Policy Development and Implementation Strategies

As noted above, state policy drives the work of CCS agencies and CCS case managers play a major role in policy implementation. Above we discussed the recommendations for a knowledge translation framework and its linkage to a structure for the sharing and reinforcing of systemic learning. There are essential steps in the policy development process itself that can ensure sound, thoughtful, and proactive state policy. In a fast-paced, large establishment such as the Maryland DD system, it is often difficult to anticipate areas of needed policy and, more importantly, adhere to a methodical approach that enables a 360-degree review of intended policies, their implications, and their interdependencies. However, absent such a strong policy development methodology, the system is vulnerable to unanticipated and/or unintended implications, sometimes requiring re-work or revision after a policy is implemented.

These issues emerged as a predominant theme in the facilitated discussions with all system partners related to the effective delivery of CCS. They present especially large hurdles for CCS agencies because the CCS case managers play such an expansive role in supporting individuals and families to understand DDA policies while simultaneously working with providers and DDA to effectuate policies that may be quite complex and have challenging timeframes for implementation. These hurdles are amplified when there is apparent dissonance across various policies.

In considering policies, some have a direct impact on how the CCS agencies conduct their business. These policies may relate to PCP approaches, individual-level data management, or risk assessment, health, and welfare assessment strategies, to name a few. In addition, other system policies do not directly affect *how* the CCS case managers do their jobs, but influence what individuals and families need to understand about services and supports.

DDA may wish to consider implementing a policy development framework, which includes a process to monitor practice fidelity. Such an approach will force careful consideration of all policy implications while instituting tangible, predictable steps to achieve transparency for all system partners. Such a framework, coupled with the aforementioned knowledge translation framework, provides a key infrastructure for policy development and system learning, resulting in significant improvements to the capabilities of CCS agencies and case managers to effectively and accurately convey DDA policy to individuals, families, and system stakeholders. Incorporating an approach to assuring practice fidelity enables DDA to continuously assess the clarity and effectiveness of policies, as well as how policies are communicated more broadly.

The Centers for Disease Control, within the United States Department of Health and Human Services, utilizes such a policy development framework that is easily adaptable to DDA's process.<sup>1</sup>

<sup>1</sup> <https://www.cdc.gov/policy/polaris/policyprocess/index.html>

This process, depicted in Exhibit 2, entails a very rigorous approach that starts with a comprehensive stakeholder engagement, communication, and education strategy and an effort toward continuous quality improvement and evaluation. The steps of this process are:

1. Problem identification – Clearly define the problem. This first step sets the course for the remaining elements, so a clear problem definition is essential for sound policy development.
2. Policy analysis – Identify the full array of potential policy options that might effectively address the identified problem. Select the best option utilizing all available information on advantages, disadvantages, and ancillary impact.
3. Strategy and policy development – Begin policy development and deployment strategy simultaneously, when the best option is determined. Consider the most effective strategies to position the policy for optimal success.
4. Policy enactment – Obtain all necessary authorities (within the state or, if Medicaid necessitates, through CMS). This includes a clear articulation of decision-making protocols and governance approaches.
5. Policy implementation – Deploy policies with realistic timelines for successful implementation.
6. Continuous improvement – Evaluate the policy efficacy and communicate strategies to use for the ongoing improvement of quality (e.g., Plan, Do, Study, and Act).

**Exhibit 2.**  
**Centers for Disease Control**  
**Policy Development Framework**



Such a disciplined approach to policy development and implementation makes for a multi-faceted return on investment. IT creates a transparent, predictable, methodical approach to policy development that benefits all stakeholders, including CCS agencies, DDA staff (both within the regions and at headquarters), providers, advocates, and individuals and families. These steps may be accelerated when the need for policy is urgent, however, the integrity of each step should remain intact, enabling clarity of purpose for the policy, as well as input and buy-in from all system players. Essentially, this investment in structure intersects with the knowledge translation and management framework, effectively arming all key partners with the information necessary to accurately and effectively convey and reinforce DDA policies and procedures.

## Recommendations

- ◆ Establish a transparent, well-structured policy development framework, including the identification of roles and responsibilities of all system partners in the deployment stage(s).
- ◆ Rely more consistently on written guidance, including expectations, processes, and roles, as similar past efforts have been highly successful (e.g., PCP CCS guide, PCP development and authorization guide, and a checklist for CCS and providers).

### Theme 3: Roles and Responsibilities

It is essential not to discount the value of clearly defined roles and responsibilities within an organization and a service delivery ecosystem. This ensures everyone knows what to do, everything gets done, everyone works better together, and less energy is wasted.<sup>2</sup> The NASDDDS review uncovered important considerations regarding CCS agency structure, CCS case manager functions, and CCS supervisory expectations, along with options for role and responsibility clarity for DDA.

#### *CCS Structure and Key Function Performance: Considerations*

The role of the CCS case managers within HCBS is the lynchpin of effective service delivery. CCS case managers serve as the ambassadors for the DDA service system and the advocates to ensure that individuals receive all necessary supports, have strategies in place for meaningful community integration, and remain healthy and safe.

Although each CCS agency has developed its own hiring methods, training and staff on-boarding approaches, the CCS case manager role is currently structured as an entry-level position, with inadequate wages and limited room for growth. This creates a major issue for hiring, specifically for the Health Departments whom are locked into the Department of Business and Management tiered salary hiring requirement structure. CCS case managers indicate that the minimum qualifying requirements and expectations listed often do not align with the actual job responsibilities that are extensive and broad.

Hiring is not the only concern; retention of staff also is difficult to manage. Anecdotally, CCS agencies indicate that tenure tends to be no more than two years. Individual CCS case managers report a sense that expectations and job duties are too expansive, ever-growing, and ever-changing, making mastery of the required skills very difficult. In conversations with individuals selected for the listening sessions because of their high performance, CCS case managers reported insufficient time to perform job functions effectively, with a particular concern about their inability to get to know the individuals and families they are supporting. CCS case managers wholeheartedly agree that getting to know and support people is the most important aspect of their work. However, they all report that the administrative elements of the job, including data entry and management, have eclipsed the personal/relational elements of the work.

Structural strategies utilized by CCS agencies either aided or exacerbated the issues noted above. Some CCS agencies utilize a well-structured, effective job shadowing, on-boarding process, and supervisor and peer coaching strategies, coupled with higher average wages. Other agencies report resource impediments to building effective strategies for orientation and retention. There are no standard approaches to supervisor-case manager ratios, resulting in some supervisors having a significant number of case managers to oversee, hampering their ability to do meaningful coaching and mentoring. Furthermore, some CCS agencies reported a routine practice of effective case managers ascending to a supervisor position without additional training for the management roles.

Given the breadth of the knowledge each CCS case manager must possess and the audiences with whom they must share information (individuals, families, providers), many CCS case managers indicate that they would benefit from a core training series infused with approaches for practice fidelity. DDA has developed a series of essential training courses, however, CCS case managers suggest that the courses be routinely expected for new staff, reinforced at some periodicity, and delivered in a manner that supports both the individual CCS case managers and their supervisors to feel proficient in key areas. CCS agencies expressed a desire to have

<sup>2</sup> [The Importance of Defining Roles and Responsibilities \(truscore.com\)](https://www.truscore.com)

consistent core training modules that include solution-based learning and focus on staff retention and careers. These trainings could be on-line courses and include 1:1 coaching examples. Because of the high frequency of policy and procedure changes, the CCS stakeholders suggest that the frequency of refreshed training should be increased and be structured as self-paced training modules. It also is suggested that refresher training be required through a CCS case manager's probationary period and coordinated with the knowledge translation approach recommended above.

In addition to the suggestions for training enhancements, there are positive approaches afoot in several CCS agencies that merit consideration for statewide scaling. These promising practices include:

- a training team that can support direct coaching
- piloting a transition supervisor program until a permanent team assignment is made
- initiating recruitment panels and require written samples as part of the interview process
- a cohort of training teams that support a person through the probationary period

It was clear in the listening sessions that all stakeholders recognize that each CCS agency is operating under its own auspices and there is no consistency across organizations. CCS agencies report that all of these issues contribute to challenges in routinely meeting expectations, timelines, and quality standards. Heretofore, particularly in some DDA regions, adherence to timeframes for essential activities, such as submission and approval of person-centered plans, has been unacceptable. Understanding the root causes of these delays may aid in making necessary system improvements, with an objective review of the points of delay in the process.

As noted, person-centered plan development is one of the most important, responsibilities of CCS case managers. DDA specifies the functions of the CCS case managers in the person-centered planning process as follows:

- ✓ Conduct ongoing exploration and discovery, based on the person's individually chosen life domains. Facilitate the development of desired Outcomes based on what is Important TO and Important FOR the person to take steps towards living their "good life".
- ✓ Ensure Outcomes align with the Council on Quality Leadership (CQL) Personal Outcome Measures (POMs) and include a description to further explain what the person wants.
- ✓ Assist the person in articulating those Outcomes to the team.
- ✓ Enter all planning and service information into the LTSSMaryland system in a timely manner to meet DDA approval requirements and to assure implementation by the Annual Plan date.
- ✓ Assure timely sharing of the identified PCP Summary, Outcomes, and Service sections with each provider, prior to the annual meeting (suggested a minimum of 10 days before the annual meeting date).
- ✓ Gather PCP signatures from the person and/or Authorized Representative and all service providers on the PCP.
- ✓ Notify the providers of approval/denial within five business days of the DDA completing their review.
- ✓ Monitor the person's satisfaction with services and progress toward Outcomes on a scheduled basis (at least quarterly) via the Monitoring and Follow-up form in LTSSMaryland.
- ✓ Document new exploration and discovery throughout the PCP year through monitoring activities.

- ✓ Facilitate ongoing exploration/discovery, by following the person’s lead on chosen Life Domain Focus Area Exploration, annually completing the Employment Focus Area Exploration section, and speaking with the person’s circle of support and those identified that know the person the best.
- ✓ Facilitate timely revisions to the PCP as requested, or indicated by a change in needs or circumstances.

The PCP process has been the most obvious area of challenge in the CCS agencies’ performance, with pervasive challenges in hitting required timeframes. Exhibit 3 depicts the targeted timeframe for initial and annual person-centered plans. DDA expects the total time from the team meeting to submission of the PCP should be 15 business days (i.e. five days for the CCS case manager’s updates and 10 days for the provider review, signature, and return of documents to the CCS case manager).

Exhibit 3. PCP Timeframes

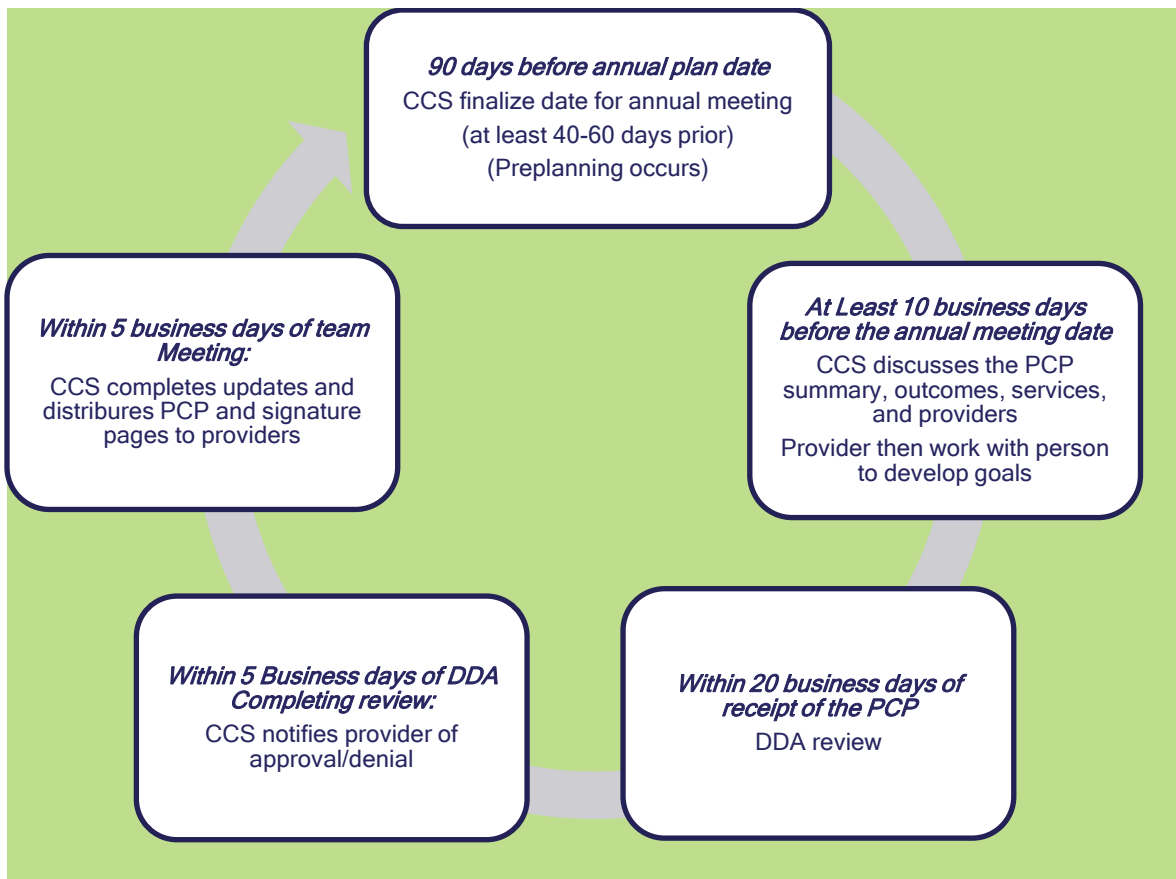


Exhibit 4 represents 2021 statistics on the timeliness of plan development. The steps of this process are documented in LTSSMaryland (discussed more below).

Exhibit 4. Average PCP Review Duration Period

Average PCP Review Duration Period				
	5/21		9/21	
	Average # Days	Maximum Days	Average # Days	Maximum Days
<b>SMRO</b>	93	160	19	41
<b>CMRO</b>	97	163	19	42
<b>WMRO</b>	69	160	18	42
<b>ESRO</b>	63	145	17	42

CCS case managers report obstacles with developing the skills necessary to ascertain what is truly *important for* and *important to* the individuals they serve due to time constraints, and competing administrative requirements, including documenting and billing for each 15-minute unit. These impediments manifest themselves in missed deadlines, ineffective provider communication and agreement,

and, ultimately protracted discussions with the regions on the quality of the plans.

CCS agencies and DDA attribute some of the challenges with PCP timelines to the LTSSMaryland system (outlined below), however, other programmatic and procedural changes also contribute to the challenges.

Maryland is currently undertaking a review of the person-centered planning process and these findings will be important to inform necessary team development to strengthen both content and process.<sup>3</sup>

Importantly, the roles of the organization, the supervisors, and the individual employees are all essential to a high-functioning CCS agency structure. Increased attention to structural assumptions may aid in assuring high-quality CCS case manager performance, in accordance with timeframes, DDA expectations for quality, and, importantly, higher satisfaction among individuals and families.

## Recommendations

### Job Functions

- ◆ Conduct a thorough review of all CCS case manager responsibilities through a collaboration with CCS agencies and DDA, including a time study to ensure the feasibility of job responsibilities and caseload for a CCS case manager FTE. This review should include expectations related to the percentage of time spent in face-to-face or personal contact with individuals and families with time targets balancing administrative duties and individual/family interaction in an effort to optimize the person-centered approaches to supporting individuals and families. Employ weighted ratios for caseloads to assist CCS case managers to better balance compliance and direct service provision to participants, enabling more time with people, potentially calibrated on level of need, and less time completing paperwork.
- ◆ Devise reliable, usable dashboards for use by DDA and CCS agencies on progress, along with key metrics and expectations for their use in CCS agency management.

<sup>3</sup> To determine the average life cycle of a PCP (the average number of calendar days between the create date, and the approval date for the annual, initial and revise PCP types), a PCP workflow history dashboard was created. This dashboard displays PCP statistics, including a summary of PCPs in the creation phase, average rates of completion of CCS level and regional level tasks, and percent's of PCPs with either one, two, or more clarification requests. The CCS submits billing verifications through certified monthly invoices for CCS supports delivered during the month. Each billable activity is documented and recorded in LTSSMaryland as it is performed.

- ◆ Develop a specialized team of CCS case managers to conduct HRSTs to ensure sufficient expertise and to minimize the oversight necessary by Regional nursing staff.
- ◆ Expand expectations and resources for training modules, organizing the DDA and Columbus developed training. On-the-Job training opportunities should be developed to support generalization of “classroom” learning. Include periodic curricula updates and a learning management system, all with the goal of enabling and encouraging CCS case managers to grow and improve.
- ◆ Align orientation materials with the recommended knowledge translation framework.
- ◆ Consider tracking core training compliance with audit results.

### *Supervisory Expectations*

- ◆ Institute a maximum supervisor to case manager ratio.
- ◆ Develop a training module and strategy for emerging CCS leaders assuming supervisory roles.
- ◆ Encourage creation of CCS training and mentor teams, scaling strong practice already in use in the state.

### *CCS Agency Organizational Structures – Effective Approaches*

- ◆ Institute minimum onboarding expectations and continuing training expectations for CCS case managers and supervisors, including job shadowing and coaching/mentoring.
- ◆ Require CCS agencies to develop and implement quality improvement strategies, demonstrating that the organizations are instituting strong continuous quality improvement of all performance metrics.

### *DDA: Considerations*

The role of DDA and the relationship between DDA staff and the CCS agencies’ staff is pivotal in the creation and sustainability of a high performing case management structure. DDA staff establish and reinforce the expectations for CCS agencies and play a key role in assuring their performance aligns with their standards. DDA functions also are essential to the effective completion of CCS case managers’ tasks. DDA’s review and approval of person-centered plans and other service adjustments affect the CCS case managers’ work directly. DDA headquarters and regional staff truly work hand-in-hand with CCS case managers. Many process improvements are in place to hone in on the most important performance elements.

DDA has designated a lead contact at DDA Headquarters and at each region related to CCS activities. In addition, a team of additional staff at the regions comprises the CCS Squad. The CCS Squad provides day-to-day support of the CCS case managers in the performance of their work. DDA has augmented teams across the state to bolster efficacy.

The listening sessions highlighted the perceived and hoped value of the CCS Squad. This team’s responsibilities include:

- PCP review and auditing. All CCS Squad members’ user roles are changed in LTSSMaryland to allow for their support in reviewing and approving (if applicable) person centered plans.
- Individual service provision oversight. Review and audit data to confirm service that are billed were documented appropriately in LTSSMaryland.
- The CCS Squad staff minimally review the person’s current person centered plan supporting the assigned CCS case manager in submitting the plan correctly on time.

- Review the status of Monitoring and Follow-up Forms to ensure quarterly completion and that the Annual PCP incorporates revisions based on the needs identified within the assessments.

DDA staff also are, of course, essential for the review and approval of work products of the CCS case managers. These processes have been improved and streamlined within recent months, focusing on critical issues (auditing of redetermination status, billing compliance, and monitoring and follow up form completion). These improvements are well-received by both CCS case managers and DDA team members and appear to be improving timeline challenges, particularly with person-centered plan review and approvals.

DDA, as the payer for CCS, must ensure that the services provided meet quality and timeliness standards. DDA desires to devise payment strategies over time that reward performance and quality, rather than volume of service alone.

## Recommendations

- ◆ Hold quarterly statewide CCS case manager meetings with DDA headquarters and all regions. Utilize a structured agenda to identify what is working, what is not working, and what presents improvement opportunities. From these conversations, identify potential targeted or broad-based improvement areas and employ a plan, do, study, act approach to inculcate a spirit of continuous quality improvement and a collective sense of problem solving across DDA and CCS agencies.
- ◆ Convene brief morning huddles for DDA Regional staff to review emerging issues, respond to pending questions, and discuss issues to ensure consistency of approach.
- ◆ Hold weekly CCS agency/DDA huddles to convey and receive information. Use structured note-taking techniques to enable dissemination among CCS case managers.
- ◆ Establish a data-informed approach on a regional and statewide basis to review process and provider roles, and improvements as soon as sticking points are identified.
- ◆ Amplify the role of the CCS leads and squads in each region, ensuring a deep understanding among community members about their role and relationship with CCS agencies and spotlighting their expertise.
- ◆ Devise a data management strategy, including time and quality metrics that can serve as the catalyst for incentive-based payments.
- ◆ Institute continuous quality improvement strategies for internal DDA workflow to ensure that the proper attribution can be identified for any future payment approach and to instill successful continuous quality improvement in all facets of DDA work.
- ◆ Review workload distribution across regional offices and ensure an FTE complement sufficient to meet the proportional need.

## Theme 4: LTSSMaryland - Structural Information Systems Considerations

DDA is transitioning from its legacy Provider Consumer Information System (PCIS2) to LTSSMaryland. DDA is phasing in LTSSMaryland and, upon completion, it will include all person-centered plans, individual demographic information, service authorization and utilization, billing information, and incident management and follow-up. The LTSSMaryland system is role-based, with interfaces designed to support the work of all essential system partners, including DDA headquarters, regions, providers, and CCS case managers. The case management module within the system was among the first implemented in the phased approach. LTSSMaryland functions as both a data repository and workflow manager, rendering its functionality essential to the successful performance of all system partners. Exhibit 5 below is an example from the LTSSMaryland training session.



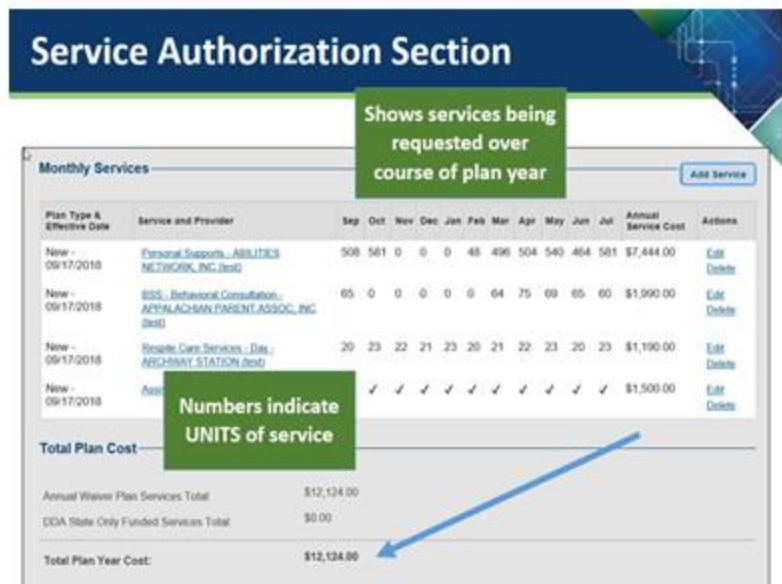
The transition timeline of LTSSMaryland evolved from the original segmented plan. Some delays were necessary to ensure minimal system disruption and to enable a smooth transition to the new models of services and payment, all coinciding with the LTSSMaryland rollout. As of the date of this report, the case management and person-centered planning modules are in use, and a pilot is underway among a cadre of providers for new service and billing modules.

LTSSMaryland includes data on all three DDA HCBS waivers - Family Supports, Community Supports, and Community Pathways. The system has user roles assigned based on the specific function within the system, whether it be a headquarters, regional office, CCS agency, CCS case manager, or provider role.

CCS agencies and the DDA regional office staff report that the LTSSMaryland system rollout has not been without challenges. In some cases, glitches in the system required development of temporary workaround strategies that then needed implementation. Some of these prevented CCS case managers from submitting PCPs and the DDA from approving them. Both the CCS agency and DDA staff identified inadequacies in the system-generated reports, which were designed to support quality management. LTSSMaryland, while comprehensive in design, has aspects that DDA staff and CCS agency staff believe could benefit from improvement.

Throughout the facilitated discussions, CCS (agencies and case managers) reported challenges in being able to extract usable data from the system for management purposes, resulting in CCS agencies developing their own spreadsheets to use the data. CCS agencies have to rely on a QA department to vet the data and develop the spreadsheets and this is described as a costly alternative, further pulling staff from other important work. In addition, available reports contain different fields that are not consistent across all reports.

### Exhibit 5. LTSSMaryland Training Example



The person-centered planning modules (initial, revisions and annual) within LTSSMaryland are reportedly very complex, contributing to a redirection of focus away from the person and toward an emphasis on data entry. It was noted the PCP workgroup exemplifies a good person-centered format and there is hope that the DDA impact study on providers' use of LTSSMaryland will identify known barriers, effect positive change, and result in common language and solutions within the LTSSMaryland system. It also was noted there is a system and email disconnect regarding how information is clarified in person-centered plans through alerts. DDA has worked to increase the availability of PCP reporting in LTSSMaryland. For instance, the PCP workflow history report includes a summary of person-centered plans in the creation phase, average rates of completion of CCS level and region level tasks, and percentage of person-centered plans with either one, two, or more clarification requests. The capabilities of the charts on the dashboard can be filtered in multiple ways, such as create date month of the person-centered plan by region and by CCS agency. The dashboard also includes a backup that displays all of the information in a static, tabular manner. It was noted that for statistics regarding the "life cycle" of person-centered plans, only annual, initial, and revised plans that have already been

approved are counted. Additionally, stakeholders noted the PCP report is complicated and difficult to understand and frequent auto extends cause many issues.

Regional office staff feels the quality of plans has declined and the LTSSMaryland system does not capture a person's whole life story, forcing elements to be fitted into a computer system and not seeing the person reflected in the plan through the important to and important for conversations.

Regional plan reviewers spend hours on plans with no clear idea of what is happening with the person. Regions report that plans are not submitted in a timely manner and the inputted information from the CCS case manager is often inaccurate. Plans are also too long and repetitive and there is a reliance on revising older plans instead of looking for update opportunities. It was reported that risk sections of plans are being left blank and regions feel pressured to accept plans because of time constraints, even if quality is lacking. Staff feels the 1:1 work with CCS case managers is the best part of their job because it builds relationships, but is very time consuming with other regional staff responsibilities. Plan reviewers are providing more of a mentoring role, walking through the process to ensure CCS case managers learn for their next plan review. Reviewers are frustrated they do not see more of a transfer of skill from CCS case managers and increase in plan quality from this structure.

Regional office staff appreciate the PCP checklist and it was noted that it hits all the major points and is more streamlined. They hope it results in reviewing plans faster, with some reporting it has cut down the review by thirty minutes. Although this is seen as positive, they still feel they need to seek out all needed information and that it has not stopped the many interactions back and forth with CCS case managers. Timeliness of plan submission and reliability in plan follow up questions needs to improve, as these are a challenge.

In addition, the LTSS provider interface needs additional changes and CCS agencies would like to be included in discussing change orders as the inclusion of the detailed service authorization (DSA) in the plan requires the CCS case manager to enter schedules and authorize units of service resulting in many interactions with providers to rectify. Service authorizations are then entered and billed in LTSS. The Regional office reviews the submitted packet, and then assesses its contents for validity and supporting documentation. If needed, they will seek clarification from the CCS case manager and may request an internal consultation. Ultimately, after thorough review, they will render a determination. Providers are required to send a Service Implementation Plan (SIP) to the CCS case manager. If there is, a misalignment of timing of data draws as well as a lack of clarity about what should be included in the SIP as part of the PCP many questions come directly to the CCS case manager from the Regions resulting in inefficiencies.

DDA initiated a help desk for LTSSMaryland. It was noted that tickets are not resolved in an expedited fashion and require regions to have to troubleshoot on their own or push to get the tickets elevated or outsourced. This sometimes effects the timelines of getting work done. Staff feel you need extensive IT experience to be effective and work through IT questions. In addition, there are so many different work arounds to consider that are not permanent fixes. This lack of system functionality updates has caused frustration and work lag time.

## Recommendations

- ◆ Improve user interfaces by creating reciprocal views of DDA staff and CCS case manager functionality. This will allow for more efficient troubleshooting when issues arise.
- ◆ Enable more hands-on training for users when they actually get into the system to do the work to minimize challenges in job performance.

- ◆ Create improved data management and extraction/assimilation so that DDA staff and CCS agencies can use the data within LTSSMaryland for tracking progress and managing for results.
- ◆ Streamline LTSSMaryland changes and improvements to avoid the development of system workarounds that cause inefficiency, frustration with the functionality, and risks to process flow. If workarounds are necessary, create a library of these temporary solutions for easy reference and use.
- ◆ Review training as additional training may be needed for the LTSS system as staff feel the person-centered plans are not meeting individual needs and do not include sufficient information.
- ◆ Examine PCP system notifications and their effectiveness, adding an option to filter by annual year, will be helpful because the system interface triages notifications based on their expiration dates and will allow easier location of the most current PCP.
- ◆ Employ system changes to show the entire workflow of the PCP and avoid duplicate entries that need to be cleared.
- ◆ Require the use of the same PCP checklist by CCS case managers and DDA regional staff.
- ◆ Consider changes to regional views and screen access within LTSSMaryland for regional office staff so that they are better equipped to provide support to CCS case managers when questions about system functionality and data entry arise.

## Theme 5: Communication and Strengthening Working Relationships

Good communication is an essential element in all industries, and is especially crucial within human services. One of the most critical areas noted as part of the conversations with CCS case managers is the current communication structure. During the 2015 review, CCS agencies reported that they did not feel their work had the support of the DDA and they did not have a regular avenue to exchange information and discuss issues and potential solutions. Since that review, DDA established several processes to ensure CCS case managers are heard and supported. DDA hired a Director of CCS Services and holds meetings with the Coalition of Community Coordinators on a monthly basis. DDA has restructured the regional offices to include a CCS Squad and CCS Squad lead, which resulted in increased communication and achieved progress through working together. Weekly meetings with CCS case managers also were initiated with each region. These meetings were noted by CCS case managers as opening the doors to collaboration because they are seen as useful, offer increased transparency, provide opportunities to build relationships, build in time to work through problems, and enable discussion of best practices across the state and collaboration across regions. All feel these meetings improved information sharing and demonstrate DDA's commitment and effort to support CCS.

DDA also has been reaching more families through informational webinars. These increases in outreach and communications have really exemplified a team process. In October 2020, a new CCS Community of Practice was formed. Finally, DDA created a specific page on the DDA website that includes resources, forms, and memos specific to CCS responsibilities.

Ensuring a comprehensive, disciplined communication approach will be essential to instill a sense of predictability among all stakeholders and to ensure a methodical approach to messaging across various audiences while assuring consistency. In addition, particularly for system partners, it is pivotal also to highlight the positive, leveraging an appreciative inquiry approach to identify and build upon system strength.

## Recommendations

The power of communication and its reach within a system of supports is a critical component of building trust and getting the right information into the hands of those who seek it to carry out the functions of their jobs every day. Increasing communication is seen as positive, but the cadence of communications is essential to all audiences. As system issues arise often times a rapid-fire approach is used to take on a proactive approach to solution management.

- ◆ Dedicate time and resources to cross-system team building efforts. Teamwork is a critical aspect of supporting a person to have a good life while engaging with system partners. Having a strong case management program relies heavily on communication, trust and working together with system partners to resolve problems. As the LTSSMaryland system continues to evolve, setting the stage for an open door dialogue together with system partners will improve methods for the resolution of problems, without arbitrary system fixes that may not work for all those involved.
- ◆ Share improvement opportunities with CCS case managers as DDA continues to spend time communicating with CCS during the weekly regional meetings. Ask CCS case managers to set the agenda based on what clarifications are needed, as well as what tools CCS case managers may find useful to carry out their functions and work within the LTSSMaryland system. Seek CCS case managers on a continuous basis to refine approaches, using DDA broadened communication strategies as an avenue for soliciting feedback.
- ◆ Conduct continuous quality audits of your internal and external communications to assess successes and opportunities for improvement.



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