

# *New Hampshire Corrective Action Plan Conflict of Interest Survey Results*

*December 2017*

Prepared by



## EXECUTIVE SUMMARY

During the waiver renewal process with the Center for Medicaid and Medicare Services (CMS), NH was determined to be out of compliance in the following two areas of service delivery, resulting in the requirement of a Corrective Action Plan (CAP).

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Services (HCBS) regulations requiring the separation of case management and direct service delivery.
2. NH's Organized Health Care Delivery System, relating to the payment process to providers

To address the process needed to meet the requirements of the Corrective Action Plan (CAP) and assure stakeholder involvement, the Stakeholder Advisory Group was created. A decision was made by the stakeholder group to gather information via a survey of individuals with developmental disabilities/acquired brain disorders (participants), family members of participants, and public guardians, regarding service coordination/case management.

The Stakeholder Advisory Committee identified two methods to optimize feedback from the families and participants receiving services. Questions were developed for an online survey and disseminated through agencies for a 31-day period (October 20<sup>th</sup> -November 21<sup>st</sup>, 2017). These questions were mirrored in the face-to-face forums that were conducted across the state. To coordinate and hold forums throughout the state, as well as compile the results of both feedback methods, NH Family Voices was contracted to carry out these activities.

A total of 13 forums were held across the state: 8 family forums, 4 participant forums, and 1 public guardian forum, with a total of 97 attendees. There were 108 responses collected via the online survey.

Survey questions asked about the direct services received by the participant, service coordination, direct service providers, and how they felt about this change New Hampshire is being required to make.

Results of the survey process presented multiple reoccurring themes. Of primary concern was a potential disruption of services created by the process of separating service coordination from service delivery. Cost of separation, how it would be funded, potential budget cuts, and the potential ramifications for participants in a system that is currently struggling to provide funding to all of the needs of participants was distressing to those responding to the survey. An additional level of bureaucracy to the system and the strain on the system this change may create were also of concern. Respondents questioned who would be the "provider of last resort," to ensure participants continue to receive services.

Family members and participants identified misgivings that the attempt to ensure a reduction of "potential conflict of interest" would produce an enhanced strain on a system that is currently struggling with workforce development at multiple levels. Low salaries, lack of training, and large caseloads, were identified as current strains on the system of service coordination. A divided system will need to address these issues while continuing to allow families and participants to maintain choice and control at the same level they currently experience.

Participants and family members placed any concern regarding a systematic conflict of interest well below their need for quality consistent service delivery.

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## BACKGROUND

NH Provides the majority of its services to individuals with developmental disabilities and acquired brain disorders through three different 1915 (c) waivers:<sup>1</sup>

- NH Developmental Disabilities (DD) Waiver
- NH Acquired Brain Disorder (ABD) Waiver
- NH In Home Supports (IHS) Waiver

During the waiver renewal process with the Center for Medicaid and Medicare Services (CMS), NH was determined to be out of compliance in the following two areas of service delivery, resulting in the requirement of a Corrective Action Plan (CAP)<sup>2</sup>.

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Services (HCBS) regulations requiring the separation of case management and direct service delivery.
2. NH's Organized Health Care Delivery System, relating to the payment process to providers.

## PROCESS

To address the process needed to meet the requirements of the Corrective Action Plan (CAP) and to ensure stakeholder involvement the Stakeholder Advisory Group was created. The group held meetings in June, September and October of 2017, with more meetings scheduled for 2018. Concurrent work was done with Area Agencies to begin an environmental scan. A series of public information sessions were held. The focus of these sessions was on: CMS regulations, a review of NH's CAP, and the Stakeholder Process. Meeting minutes can be found at <https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>

A decision was made by the stakeholder group to gather information via a survey of individuals with developmental disabilities/acquired brain disorders (participants<sup>3</sup>), family members of participants, and public guardians regarding service coordination/case management.

### *Corrective Action Plan Stakeholder Advisory Group*

Community Support  
Network, Inc.

Private Provider Network

Statewide Family Support  
Council

Area Agency Service  
Coordinator Supervisors

Area Agency Family  
Support Coordinators

People First

Office of Public Guardian

Tri County Guardianship

Quality Council

Brain Injury Association

Council on  
Developmental  
Disabilities

Disability Rights Center

<sup>1</sup> <https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>

<sup>2</sup> <https://www.dhhs.nh.gov/dcbcs/bds/documents/nhcaptemplateamend082017.pdf>

<sup>3</sup> The term "participant" is used in this document to describe individuals with dd/abd and self-advocates

The Stakeholder Advisory Committee identified two methods to optimize feedback from the families and participants receiving services. Questions were developed for an online survey and disseminated through agencies for a 31-day period (October 20<sup>th</sup> -November 21<sup>st</sup>, 2017). These questions were mirrored in the face-to-face forums that were conducted across the state. To coordinate and hold forums throughout the state, as well as compile the results of both feedback methods, NH Family Voices was contracted to carry out these activities.

## FORUMS

### **8 Family Forums**

Manchester, Atkinson, Concord,  
Portsmouth, Dover, Nashua,  
Laconia, and Keene.

### **4 Participant Forums**

People Power, Atkinson  
Advocate 4 Yourself, Nashua  
Great North Woods Action  
Team, Berlin  
Dream Team, Conway

### **1 Public Guardian Forum**

Office of Public Guardian  
Tri County Guardianship

13 forums were conducted across the state.

A framework of attendee criteria was developed to ensure confidentiality and anonymity. Family members and participants were encouraged to attend a forum of their choice not limiting them to their identified region of the state.

Family and participant forums were open only to self-identified constituents. Employees of area agencies and vendors or those seeking to listen, were asked not to attend. Family members or participants who also worked for an Area Agency (AA) or vendor were asked to answer from the perspective of a parent/family member only during the forums. Attendees were assured they would not be identified either by name or agency affiliation and responses would be kept confidential and anonymous. This allowed for families and participants to share information without concern of repercussions or hurting the feelings of staff members.

The public guardian offices elected to hold their feedback session during an existing meeting. Participant forums were conducted within scheduled group meetings to optimize participation. Forums were conducted over a four-week period (October 30, 2017-November 27, 2017).

## RESPONDENTS

Face-to-face forums were attended by 31 family members and 45 participants. 108 Responses were collected by online survey. It is important to note that some responses could be duplicative, as the online survey could have been completed by an attendee at a forum. The survey also allowed for a respondent to answer the survey multiple times, in the event that an individual was assisting multiple participants in answering the online survey.

Public guardians are included in this number however their responses are noted in the Public Guardian section on page 11 and not included here.

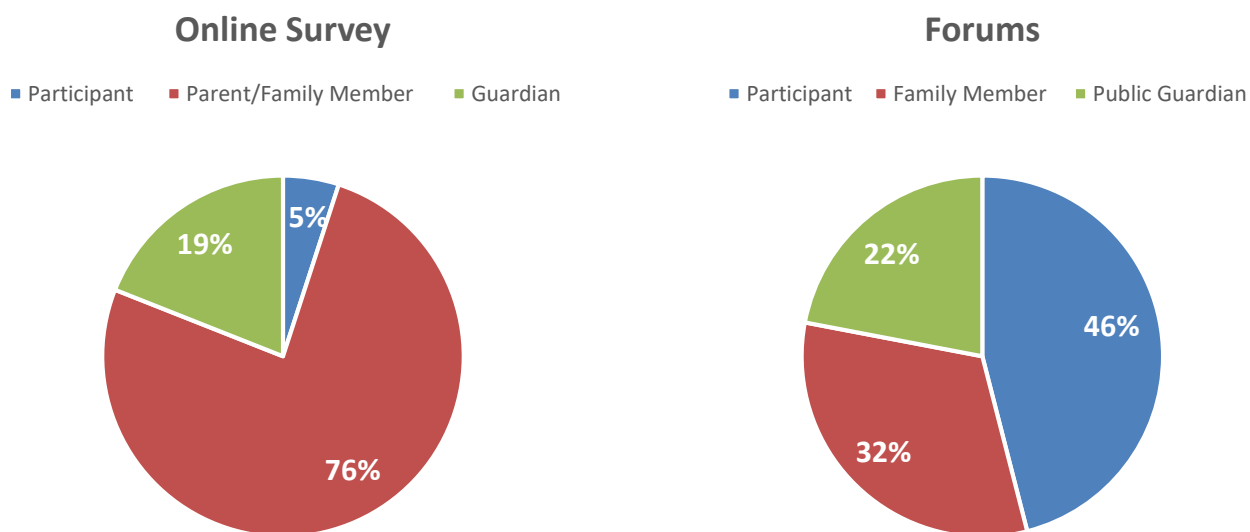


Figure 1: Online Survey and Forum Respondents

64% of the online respondents and 77% of the forum attendees reported their family members were over the age of 21. Participants all identified as being over the age of 21.

## SERVICES

### Question: What services do you receive?

To understand what services families and participants were receiving we asked what services were being utilized. A multiple option list was given to attendees to identify the services.

Other services reported included Applied Behavior Analysis program, after school program, early supports and services, family support services, Special Medical Services – Partners in Health Family Support, recreation, employment supports, assisted living, independent case management, therapies, fitness, LNA and nursing services.

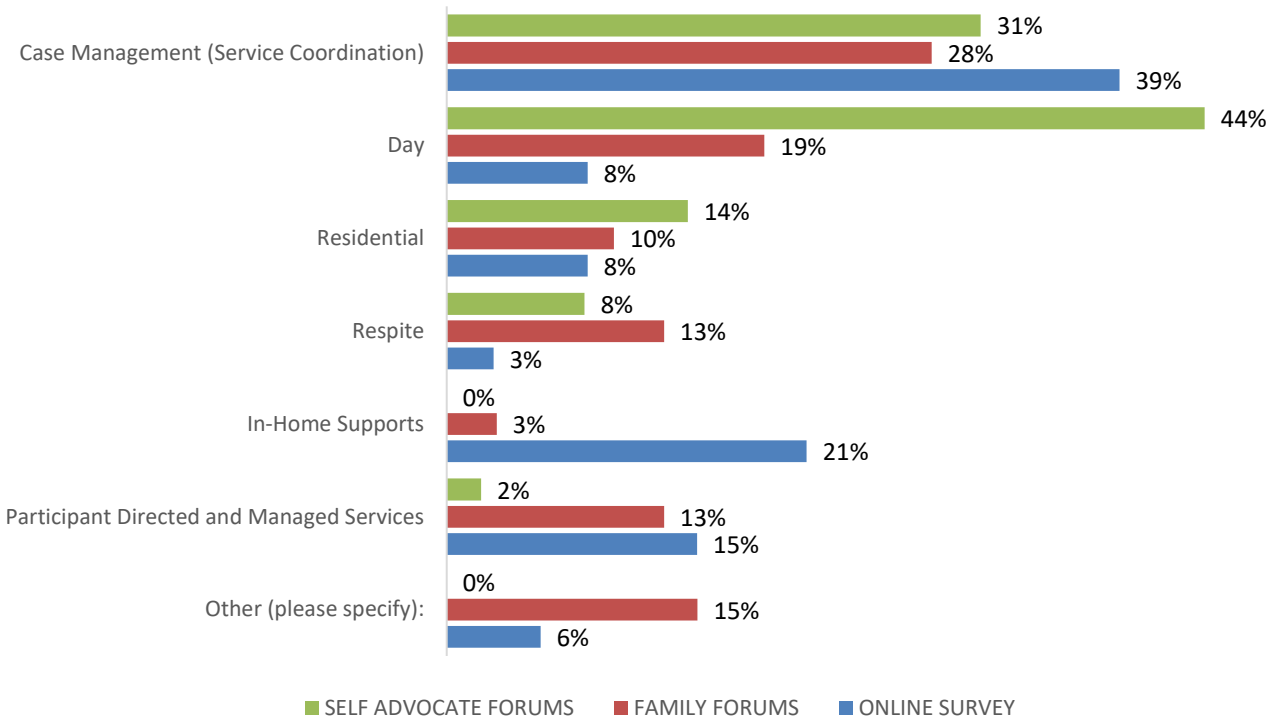


Figure 2: What services do you receive?

44% of participants reported accessing day services, this included support from a Direct Support Professional (DSP), recreation activities, activities of daily living, self-advocacy groups, and employment supports.

## SERVICE COORDINATION

The term service coordinator and case manager were used interchangeably throughout the forums. Some agencies also used other terms for the person that does this work. The term ‘service coordinator’ is defined in He-M 503: Service coordinator” means a person who meets the criteria in He-M 503.08 (e)-(f) and is chosen or approved by an individual and his or her guardian or representative to organize, facilitate and document service planning and to negotiate and monitor the provision of the individual’s services and who is:

- (1) An area agency service coordinator, family support coordinator, or any other area agency or provider agency employee;
- (2) A member of the individual’s family;
- (3) A friend of the individual; or
- (4) Another person chosen to represent the individual.<sup>4</sup>

<sup>4</sup> [http://www.gencourt.state.nh.us/rules/state\\_agencies/he-m500.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html)

**Question: Do you know who your service coordinator is?**

Over 80% of respondents reported they know who their service coordinator is.

**Question: How long have you had this person as your service coordinator?**

When asked about the longevity of service coordinators 40% indicated they had their service coordinator for less than 1 year, with 20% indicating they have had their service coordinator for over 5 years. Families in the forums indicated they felt they had been experiencing a higher turnover rate in the past two years than in previous years.

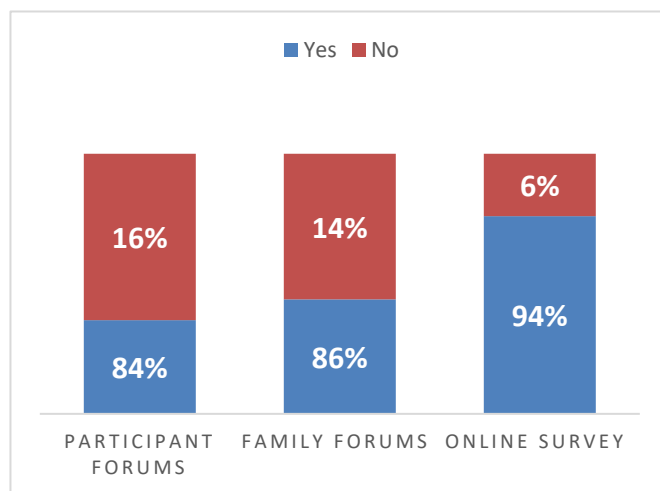


Figure 3: Do you know who your service coordinator is?

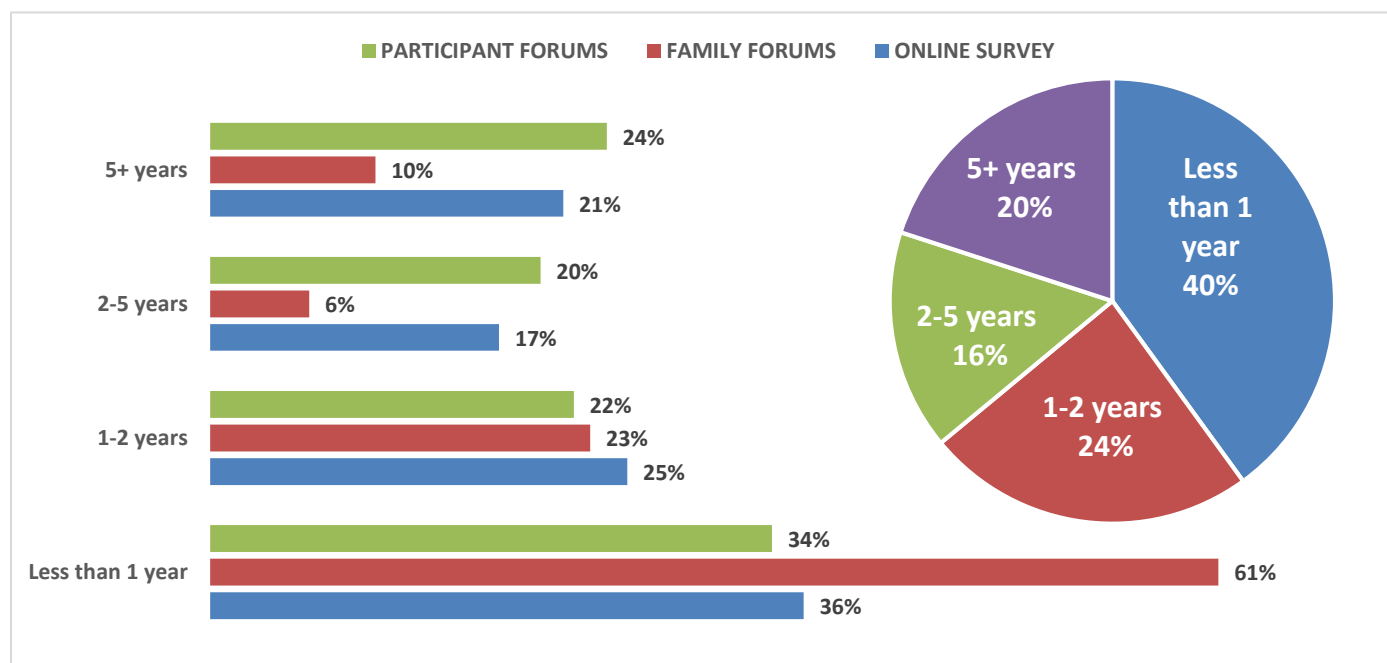


Figure 4: How long have you had this person as your service coordinator

**Question: Do you find your service coordinator helpful?**

Some of the expressed reasons families and participants identified the helpfulness of their service coordinator was the person's knowledge base, their willingness to stay informed and their assistance in increasing the knowledge of families and individuals by finding the answers to their questions. These same respondents felt their service coordinator was an advocate for their family member receiving services. Respondents also indicated the positive support the service coordinator made in finding direct support staff.

*“Very invested in the individual receiving services and his needs. Works well with guardian/parents and LRCS staff. Very professional, knowledgeable, on top of all paperwork, requirements, checks and balances for the program, etc. The quality of life, program, and health of the individual has been improved through her efforts.”*

Families and participants who did not find their service coordinator helpful expressed frustrations with a lack of knowledge and training. Families and

individuals reported having to ask multiple times to get information. If a service coordinator did not know the answer they would reply with no instead of researching the answer.

*“Most of the service coordinators at my agency have little to no experience. If something is not in the regulation or guidelines they automatically say it's not allowable even when that's not true but they [don't] call the Bureau of Developmental Services (BDS). That's assuming you get a call back. Often they don't bother to respond to calls or emails and if they do it will often take months to get an inaccurate answer to questions.”*

Some reported that they felt service coordinators were more focused on the paperwork aspect of their work than on supporting the family and participant. Families indicated not having access to how the budget is created, their role, and the service coordinators role in the process. Additionally, families often indicated having to give the service coordinator information, versus having the service coordinator be a resource.

*“They never reach out to check in or help me anticipate what comes next in my child's life and if I ask them a question they rarely have the answers. I learn more from the internet or other special needs parents than my service coordinator.”*

Almost all of the participants that attended the family forums, as well as some online comments expressed a need to have the salary of the service coordinators increased as a strategy to support longevity in the position as well as for recruitment of a qualified workforce. The high turnover rate makes it difficult for them to learn the job and creates burnout. They also indicated the large case load service coordinators deal with as a problem.

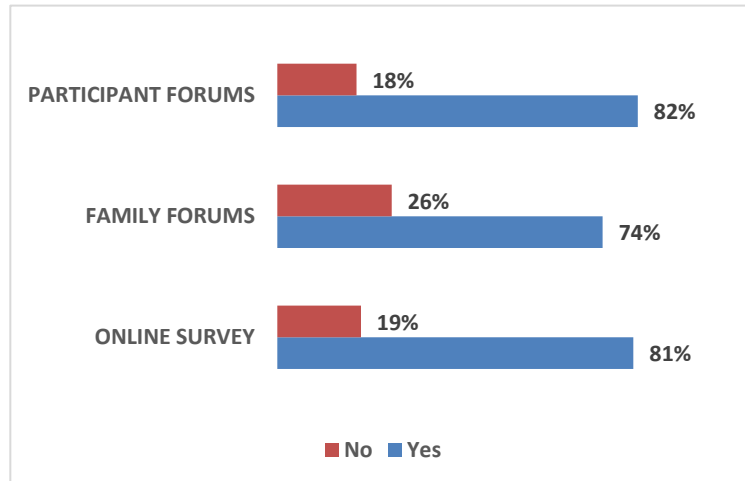


Figure 5: Do you find your service coordinator helpful?

**Question: Do you know how to get help if you want a new service coordinator**

Forum comments indicated that some families were not aware they could request a new service coordinator if they were not comfortable with the one assigned. Others indicated that they didn't know the exact process but were confident they could figure it out if the need arose.

Respondents also indicated a lack of knowledge and utilization of an independent service coordinator.

*"I believe I was given a brochure at one time, but I would simply call the manager and express that I want a new coordinator and if she didn't respond I'd go to the director."*

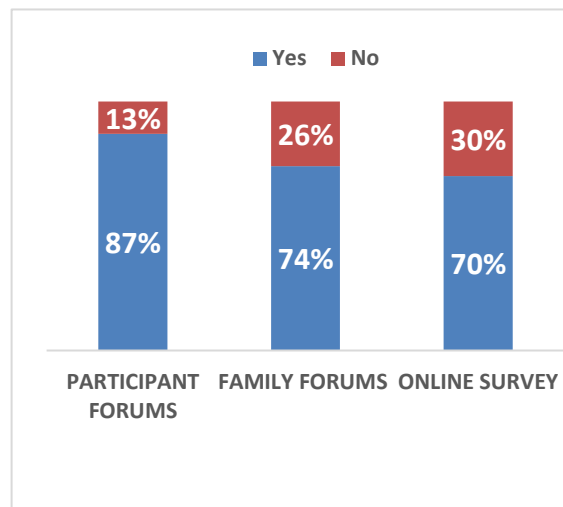


Figure 6: Do you know how to get help if you want a new service coordinator

**Question: How often on average do you see/talk/email your service coordinator?**

Families and participants had varying degrees of interaction with their service coordinators. There was an indication that the degree of interaction would increase if there was an issue or something they were working on for the participant receiving services. Some families reported they only heard from the service coordinator if the family initiated the interaction.

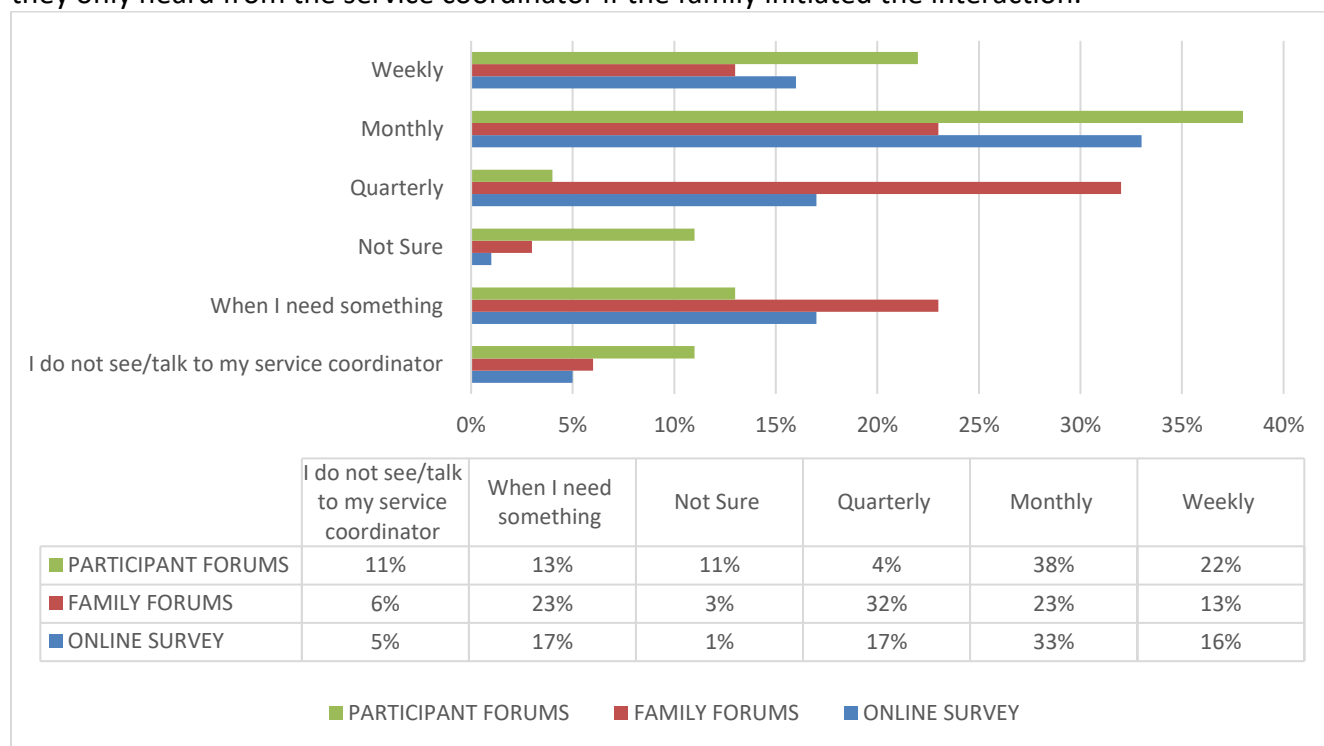


Figure 7: How often on average do you see/talk/email your service coordinator?

## PROVIDER AGENCIES

**Question: If you or your family member receives day, residential, or in-home services, did you choose the provider agency that provides this direct service?**

Many of the participants reported they had a say in choosing providers, especially when choosing who they live with and felt involved in the process.

*"I like how they're trying to do -- to make sure that I get what I need and what I would like out of the services that I get, and the fact that they try to work with me on my transportation to and from my work."*

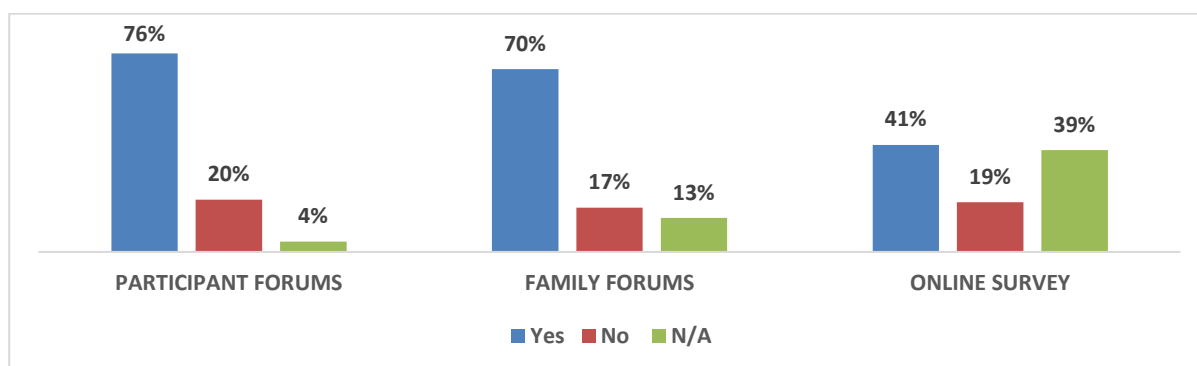


Figure 8: If you or your family member receives day, residential, or in-home services, did you choose the provider agency that provides this direct service?

**Question: If no, did you want to?**

For families and participants that did not choose their provider, but wanted to, they indicated they may not have known they had a choice. Families also indicated that they may have only had a "choice" of one provider that was willing and/or able to support their family member, so they did not feel they had provider options. Some families were frustrated that being given only one option was considered a "choice." Some of the reasons indicated for limited choice included reimbursement rate and the intensity of the needs of the individual.

*"There was no agency provider that could meet our [family members] need for community participation and medical oversight"*

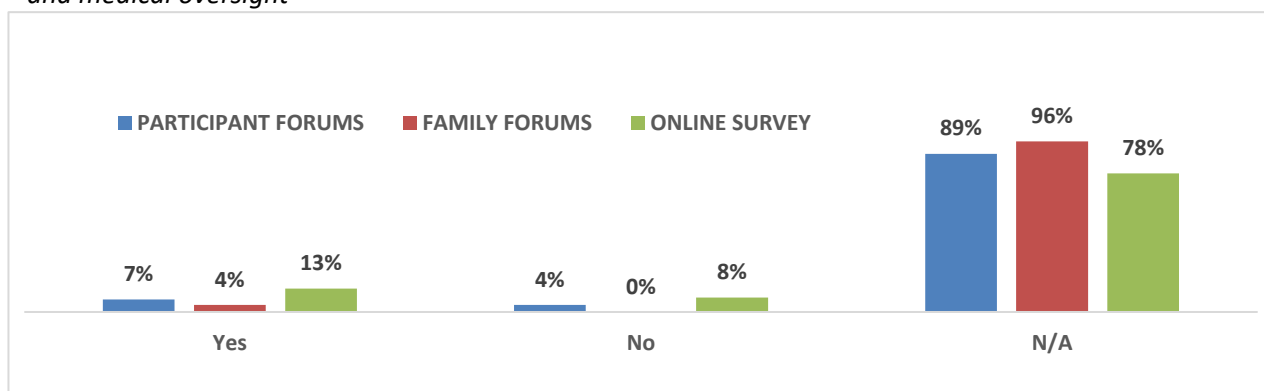


Figure 9: If no, did you want to?

**Question: If you wanted to change service providers would you know how to request to do this?**

- Online Survey 69% responded yes and 31% responded no;
- Family Forums 100% responded yes
- 93% of Participants said yes and only 7% responded no.

Similar to answers regarding finding a new service coordinator, attendees in the forums indicated a lack of clarity around the process but expressed confidence that they could figure out the process and answered yes to this question. Families again expressed that if they only had one option they may not have an ability to change providers if they wanted to. Some families expressed they did not feel they were permitted to change service providers.

## LEVEL OF SATISFACTION

**Question: How happy were respondents with their services?**

When asked if they were happy with their services the majority respondents reported being happy with their services. Families did express concerns with funding constraints.

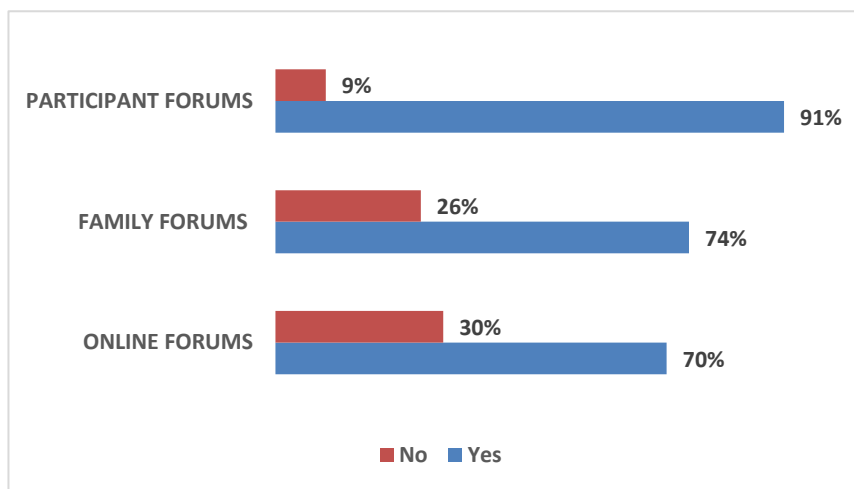


Figure 10: Are you happy with the agency(cies) that provides day, residential, or in-home support services

*"In general, case management is working out okay. I know my area agency is working hard to improve services in a difficult financial and legislative climate. Having said that, there are large gaps between what I'd view as good supports and what the area agency is currently able to do."*

*"[Area Agency's] ongoing quality of support is excellent. Communication between all parties on [family member's] behalf is excellent. We are provided with much support."*

Respondents in the online survey were asked to rate their satisfaction with both service coordination and direct service on a scale of 1 – 10. Attendees in the forums gave an overall combined rating of these.

In the forums

- 36% of participants rated their level of satisfaction between 1-5, 64% between 6-10.
- 9% of families rated their level of satisfaction between 1-5, and 8% rating between 6-10, with 83% reporting a level of satisfaction at a 10.

| Online Survey   | 1   | 2  | 3  | 4  | 5   | 6  | 7  | 8   | 9   | 10  |
|---|-----|----|----|----|-----|----|----|-----|-----|-----|
| <b>Service Coordination</b>                                       | 7%  | 3% | 4% | 4% | 11% | 5% | 4% | 13% | 19% | 31% |
| <b>Direct Service<br/>(day, residential, or in-home services)</b> | 10% | 1% | 2% | 2% | 8%  | 2% | 6% | 15% | 17% | 36% |

## SEPARATION OF SERVICE COORDINATION AND DIRECT SERVICE DELIVERY

**Question: New Hampshire is required to make changes to separate case management (service coordination) and direct service delivery. What do you think about this?**

This final question was closely dispersed from strong agreement to strong disagreement. Respondents that leaned toward disagreeing with the recommended change, expressed concern over adding another layer of bureaucracy to an already complicated system. They wanted the cost of splitting service coordination and service delivery to be considered and to ensure the costs were not passed down to families in the form of budget cuts or additional administrative fees being taken out of budgets. They expressed concern over having services for their family members disrupted and concern that separating services delivery would have a negative impact on continuity of care for their family member. Families wanted to ensure they would continue to have local control and input into changes and process within the services their family members receive. Families want to have choice and control over how they received services and if that choice would be taken away if there was a regulation in place that required these services to be split.

Of the 45% of families that disagreed with the splitting of services many felt it was a benefit to have the service coordinators and service delivery staff work within the same agency, they thought this opened communication between those providing services.

Only 16% of self-advocates agreed and 13% of families slightly agreed in the forums.

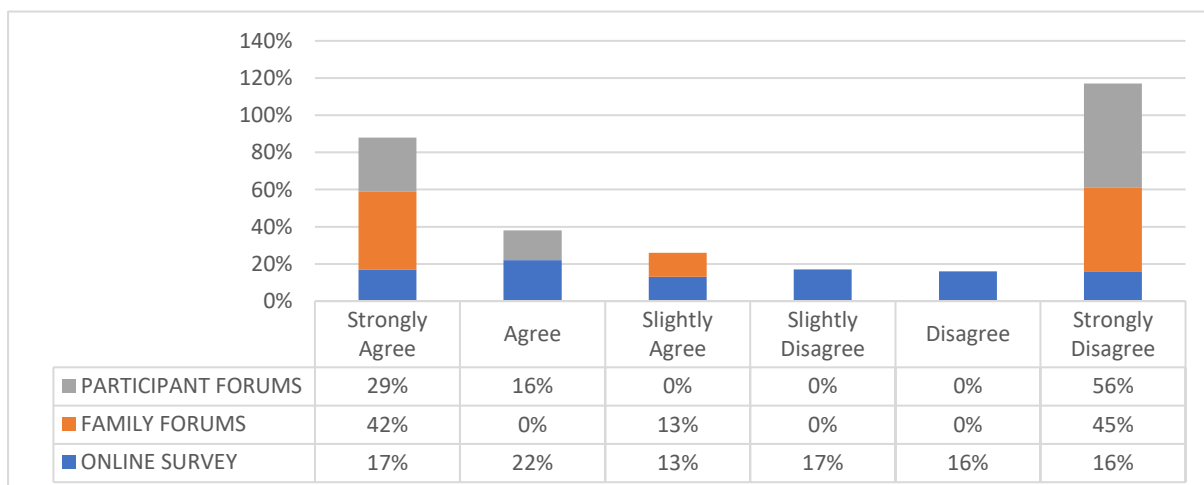


Figure 11: New Hampshire is required to make changes to separate case management (service coordination) and direct service delivery. What do you think about this?

Concern expressed by families included the need to have a choice in how they access their service coordination and direct services. As each family and participants needs are unique, they expressed concerns over a one size fits all model pushing all agencies into one model of conflict free case management. Respondents indicated there would need to be a high level of communication between service coordinators and service providers if there was a split of service coordination and direct services. Some families expressed concern over conflicts within the system.

*“The market has done a pretty good job of dictating what area agencies do. Conflict free case management works in southern NH because there is a population, a demographic and a market there to support it, and that is why [vendor agencies] thrive there. Whereas, when you get further up North we don’t have the population and market to support it.”*

*“The conflict that concerns me is the closeness of the area agencies with the state, the Department. What is important to me is independent case management that recognizes the first duty to the person served not to DHHS or the agency.”*

*“The area agency leans more toward making sure they keep their vendors happy versus keeping the guardians happy.”*

## **PUBLIC GUARDIAN FORUM**

The Office of Public Guardian (OPG) and Tri County Guardianship (TCG) chose to have one forum together and 21 Guardians were in attendance. The public guardians serve individuals across the state who receive services through the Area Agency system as well as a multitude of vendors.

The two agencies estimated they serve a total of approximately 600 individuals from the age of 18 through the lifespan. Their clientele has a range of diagnosis including individuals with developmental disabilities and acquired brain disorders, with a significant number of those individuals also having a co-occurring mental illness.

The discussion with the public guardians focused on their work with clients served by the area agencies. When asked about the services their clients receive they reported all the individuals they serve receive case management. Public guardians indicated that a high percentage of those they serve receive residential services, including enhanced family care and intensive treatment services (ITS) residential. They also noted that individuals with enhanced family care typically have respite built into their budget which is not broken out as a service.

## **Service Coordination**

When asked if they know who their service coordinators were for their clients, the response was “today we do.” The guardians reported there is a high turnover rate among service coordinators. Guardians noted that turnover varies by region with some agencies having a higher turnover rate than others.

Public Guardians stated that service coordination positions were once considered a career, however the low pay and shift to focus on documentation has appeared to create more stress and burn out within these positions. They also noted that they have seen a pattern of turnover increasing significantly in the past two years. Attendees also noted the pay of service coordinators was an increasing concern

When asked if they find their service coordinator helpful, the response was a mixed. The guardians clearly stated it depended on the person. They reported there is a lack of knowledge of the system and lack of understanding of what the service coordinators job entails. Service coordination is not defined the same in all agencies. Guardians noted they are asked each year if they would like an independent service coordinator, however they expressed concern over finding one that has the time to commit to the work and has the relationships and knowledge to successfully do the job. They also noted there is not a published list of independent service coordinator agencies that is accessible to them, so they may only be given a choice of one organization that provides this service, making it difficult for them to consider this option.

*"Some case managers don't define their jobs as, you know, going out and searching out resources. They're more asking you what's going on. That surprises me when I get calls from case managers saying, 'So what's happening?' Well, that's a problem since I rely on them to do some monitoring that I can't do".*

Guardians reported witnessing a change in this position over the past years. They noted shifts in culture, law, and regulation. Service coordinators used to see clients at least monthly, or more often, and were considered the best advocates for the person. The service coordinator held the team together and accountable as the shift has occurred giving service coordinators more responsibility, but less authority and they became more focused on documentation.

*"The job [service coordination] shifted a lot over the years, and which is, you know, consistent with the shifts in culture, law, and regulations. They used to see the people on their caseload at least monthly, and often far more than that. And they were the best advocate for the person."*

Public guardians also noted there has been a change over the last few years resulting in services becoming less of a focus and vendors not having the ability to serve the participants with the highest needs.

It was noted that service coordination/case management through the area agency is more encompassing than service coordination in other systems in the state. When asked how often they interact with service coordinators on their cases the response was "it depends on the case." Contact can range from daily to quarterly.

### **Provider Agencies**

When asked if they were able to choose the provider agency that provides day, residential or other direct supports the public guardians indicated they rarely have many choices.

They reported that they can send out a request to vendors and sometimes get a response back that none are willing and/or able to support the person. There are discrepancies in the budgets and proposals that are submitted to vendors across agencies. Public guardians reported there appears to be a focus on getting the service from the agency who would provide it for the lowest amount, even if advocacy and history of need indicates this is not a wise choice for participant. They also noted that if the agency had a preferred vendor list and they wanted a vendor that was not on the list there would be difficulty in accessing the vendor.

*“One of the issues is that there is some thought that there are many people, many agencies, waiting to serve our clients and that’s just not the case. A choice of one, although I might have said yes, I’ll accept that placement, is still not really a choice.”*

When asked to rate their service coordination on a scale of 1 (lowest) to 10 (highest), the public guardians responded that it ranges from 1 to 10 across the system. They responded that some service coordinators really respect their job and do it well. They also noted that services depend on the participant.

*“It also depends on the consumer too, because some individuals are well liked by the area agency and it’s easy to get things for them, and then other people who are more challenging, they’re just trying to get through the day with them.”*

When asked if they are happy with the agencies that provide day and residential supports they again responded that it ranges across region, agency, and provider. They did note that they have been hearing that day programs in particular are facing challenges with staffing. They are often understaffed and experience high turnover rates. This situation impacts a participant’s ability to receive appropriate programming, have 1:1 support, individual choices or be able to obtain work. Without staff to ensure access to employment, clients are unable to maintain work.

Public guardians reported knowing how to request a new service coordinator if needed.

When asked if their service coordinator works for the same agency as their direct service provider, they responded “Yes, in some situations.”

They were asked how important is it that service coordination be provided by an agency who does not provide direct services?

*“In some cases when you have the area agency who is also the service provider, there’s a different level of accountability for them because that individual is their responsibility and they really can’t deny or refuse to respond to providing services when push comes to shove.”*

The public guardians expressed concern that if the area agencies were not to provide any direct service who is going to “step up on a Friday night”? Vendor agencies are not in a position to meet this need. In situations of challenging cases when a request for services is being sent out and everyone is saying no, at the end of the day the public guardians felt they can push back on the area agencies to develop the program. If this ability is lost, those with the highest need may go without services.

While they expressed understanding of CMS's concerns and expectations for conflict free case management, they expressed concern over being able to achieve it without completely dismantling the current service system. They also expressed concern over who would hold the ultimate responsibility for the participants they were serving.

*"We're in a unique position too, where we are the guardians. We're going in, and if there's a conflict of interest often times we see it. Whereas people who don't have guardians, clients receiving services, they might not have that outside set of eyes looking in, where we sit at the individual service plans, the given plans, and we can sometimes see those conflicts and bring it up to the high, -- make the complaints if we need to or push harder [so] if we see that there's a conflict or that they aren't talking we can dig a little deeper and say okay, what's going on here? What wasn't being said at that meeting? And as guardians we can advocate for a change if we need to, or change in area agency if we need to if there's a real conflict."*

Public guardians also noted that conflict does not go away because you separate service coordination and vendor services. We live in a small state and people have long standing relationships that may contribute to the conflict.

When asked what they think about New Hampshire being required to make the changes to separate service coordination and direct service delivery there was again a range among the participants responses this issue, depending on the client. They expressed concern over the strain on New Hampshire's current system, noting New Hampshire does not currently have the capacity to serve all the participant's service needs. They expressed the need to build capacity, bringing in vendors and workforce, and then work towards making this change.

## CONCLUSION

Results of the survey process presented multiple reoccurring themes. Of primary concern was a potential disruption of services created by the process of separating service coordination from service delivery. The cost of separation, how it would be funded, potential budget cuts, and the potential ramifications for participants in a system that is currently struggling to provide funding to all of the needs of participants was distressing to those responding to the survey. Apprehension was voiced about an additional level of bureaucracy within the system and the resulting strain this would cause. Respondents questioned who would be the "provider of last resort," to ensure participants continue to receive services.

Family members and participants identified misgivings that the attempt to ensure a reduction of "potential conflict of interest" would produce an enhanced strain on a system that is currently struggling with workforce development at multiple levels. Low salaries, lack of training, and large caseloads were identified as current strains on the system of service coordination. A divided system will need to address these issues while continuing to allow families and participants to maintain choice and control at the same level they currently have.

Participants and family members placed any concern regarding a systemic conflict of interest well below their need for a service delivery system that was based on quality and consistency.

## ACRONYMS

|      |   |
|------|---|
| ABD  | Acquired Brain Disorders Waiver           |
| BDS  | Bureau of Developmental Services          |
| CAP  | Corrective Action Plan                    |
| CFI  | Choices for Independence Waiver           |
| CMS  | Center for Medicaid and Medicare Services |
| COI  | Conflict of Interest                      |
| DD   | Developmental Disability                  |
| DHHS | Department of Health and Human Services   |
| DSP  | Direct Support Professional               |
| HCBS | Home and Community Based Waivers          |
| IHS  | In Home Supports Waiver                   |
| ITS  | Intensive Treatment Services              |
| OPG  | Office of Public Guardian                 |
| LTSS | Long Term Supports and Services           |
| PDMS | Participant Directed and Managed Services |
| TCG  | Tri County Guardianship                   |