CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Case Management (CM) Advisory Subpanel

May 15, 2019, 10:30am-12:30pm

Meeting Summary

Meeting: Case Management Advisory Subpanel – Meeting #4

Date: May 15, 2019

Location: Public Health Conference Suites, 275 E. Main Street, Suite B, Frankfort, KY 40621

AGENDA TOPICS AND KEY DISCUSSION POINTS

I. Welcome

- DMS opened the meeting and discussed the agenda and purpose of the meeting. One panelist was unable to attend.

II. Review of CM Subpanel Meeting # 3

- Sub-panelists confirmed receipt of meeting minutes draft and minutes were unanimously approved by sub-panelists.

III. Overarching Advisory Panel Update

- The CM subpanel chair provided a summary of the 5/9/19 Home and Community Based Services Advisory Panel (HCBS-AP) meeting (see posted minutes from that meeting). There were no questions regarding the update.

IV. Leading Practice Criteria

- Sub-panelists provided feedback on leading practice criteria via email following the 3/14/2019 subpanel meeting.
- DMS thanked the sub-panelists for their thorough and thoughtful feedback. DMS presented the subpanel with a summary of key comments and obtained input on selected items.
- Sub-panelists recommended the use of checklists for initial engagement, person-centered service plan (PCSP) development, ongoing monitoring and annual recertifications.

The table below provides details regarding sub-panelist feedback.

Leading Practice	Sub-panelist Feedback
Initial Engagement: Roles and Responsibilities	• Sub-panelists indicated that guardian roles and responsibilities (especially state guardians) need to be provided in the handbook.
Person-centered service plan (PCSP) Completion Timeframe	• Sub-panelists proposed timeframes ranging from 14 to 90 days. Case management (CM) providers most often recommended 60-90 days to allow ample time to learn the participant's needs and arrange service providers. Caregivers were concerned with longer timeframes advising that participants need services timely to avoid institutionalization. Some CM providers suggested the ability to submit services for a maximum of 120 days. The CM would need to submit a completed PCSP by the end of the 120-day time period. This would allow time for the CM to learn more about the participant's needs, explore all service options and develop person-centered goals without delaying necessary service delivery. • Some sub-panelists discussed using the functional assessment to understand participant needs to inform PCSP goal development; however, were concerned that assessors do not place the assessment in the Medicaid Waiver Management Application (MWMA) in a timely manner. The subpanel recommended case managers receive training to incorporate the assessment information into initial engagement and PCSP development. • Some sub-panelists are concerned that participants electing participant directed services (PDS) may experience delays in person-centered service planning due to the pre-employment requirements. There was also concern that establishing too short a timeframe would negatively impact PDS participants. DMS indicated that delays outside of the CM agency's control should be documented within MWMA. One example of this is time for a participant to tour or meet various providers prior to selecting a service provider.
PCSPs and S.M.A.R.T. Goals (stated clearly, measurable, attainable, relevant, time-bound)	• Sub-panelists agreed that case managers will require training to develop S.M.A.R.T. goals. • One sub-panelist endorsed the focus on person-centered goals.

Leading Practice	Sub-panelist Feedback
PCSP: Upon plan completion, signatures are obtained and team members receive copy of the plan within X days	• Some sub-panelists indicated 5 business days was an appropriate deadline to require signatures, however there was concern with gathering service providers in a timely fashion. • Sub-panelists raised concerns with authorization approval timeframes and notifications; DMS confirmed authorization notifications will be streamlined in the future, with service approvals issued within one letter rather than multiple letters. Case manager approval of selected services (that do not require DMS or their designee's approval) should reportedly expedite the authorization process since documented and submitted services within MWMA will result in real time authorization.
Ongoing Monitoring: Face to Face Visits	• Sub-panelists discussed monthly face-to-face visits and came to the consensus that the monthly visits are needed to ensure participant's ongoing health, safety and welfare, as well as to monitor services. • Sub-panelists agreed the monthly face-to-face visit should not be limited to the residence and adult day health care (ADHC) facility. CMs would like the opportunity to visit with the participant at their service location. This would not preclude the quarterly face-to-face visit in the participant's residence. Sub-panelists agree the home visit is necessary for comprehensive monitoring of the participant.
Ongoing Monitoring: Documentation	• DMS is developing a checklist to aid CMs in ensuring all components of the monthly face-to-face visit are captured. Sub-panelists like the idea of a checklist, as it provides firm guidance on DMS' expectations.

Leading Practice	Sub-panelist Feedback

Event-Based Modifications	• Sub-panelists were asked for input on barriers to timely completion of event based PCSP modifications. One sub-panelist cited timely gathering of the applicable service providers as a barrier.
	• Sub-panelists were asked for example events that would elicit an event-based modification:
	  ○ Change in provider
	  ○ Change in participant needs
	  ○ Schedule changes
	  ○ Participant transitions (moving, transition to adulthood, etc.)
	  ○ Participant request
	  ○ Hospitalizations and emergency room visits
	  ○ Participant surgery

V. Initial Engagement Process

- Sub-panelists reviewed the proposed initial engagement process map and were asked for input on rationale for a CM agency to decline a participant. Examples include:
    - Caseload capacity
    - Participant geographic location in relation to the CM agency
    - Assessment indicates unsafe situation for the case manager
    - Case Manager Capacity (current caseload is high and does not allow for additional participants)
    - Participant condition requires specific case management skill/expertise that is not available at the requested agency, (i.e. dual diagnosis such as IDD and mental illness, medical concerns suited to RN case manager, behavioral difficulties)
- CM sub-panelists confirmed they provide referrals to participants in the event they are unable to meet the participant's needs. Providing referrals in the event a CM agency cannot accept a participant is also an expectation of DMS.
- One sub-panelist cited concerns that some CM agencies do not provide PDS service. In these situations, participants may opt to transition to traditional services to keep their same case manager.

VI. Training Curriculum

- Sub-panelists reviewed a proposed case manager training curriculum and were asked to provide feedback. Suggested additional topics included:
    - Appropriate documentation (case notes and participant summaries)
    - Clinical conversations
    - Help desk
    - Professional boundaries
    - Co-occurring disorders and trauma training
- Sub-panelists were asked to serve as reviewers of completed training modules. Each sub-panelist indicated a first, second and third choice. Sub-panelists will be notified by DMS of their selected module for review and next steps.
- Due to time constraints, sub-panelists were asked to submit additional comments and feedback to the CM Workgroup inbox. Sub-panelists to provide feedback around:
    - Additional topics within modules
    - Module timeframe
    - 1-time training or annually provided
    - Training modality (i.e., in person, self-study)

VII. Next Steps

- The subpanel indicated that they would like to meet in July and September 2019.
- Sub-panelists assignments include:
    - Provide additional input into the training curriculum.
    - Propose recommended PCSP completion timeframe with rationale from their perspective (i.e. Participant vs. Caregiver vs. Case Manager vs. Provider).