



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-B
Frankfort, KY 40621
www.chfs.ky.gov

Adam M. Meier
Secretary

Pam Smith
Director

Carol H. Steckel, MPH
Commissioner

Department for Medicaid Services (DMS) Case Management (CM) Advisory Subpanel

January 16, 2019, 1:00pm-3:00pm

Meeting Summary

Meeting: Case Management Advisory Subpanel – Meeting #2
Date: January 16, 2019
Location: Public Health Conference Suites, 275 E. Main Street, Suite B, Frankfort, KY 40621

AGENDA TOPICS AND KEY DISCUSSION POINTS

- I. Welcome and Introductions
 - DMS opened the meeting and discussed the agenda and objectives. One panelist was unable to attend due to an emergency.
- II. Review of CM Subpanel Meeting # 1
 - Subpanelists confirmed receipt of meeting minutes draft and minutes were unanimously approved by subpanelists.
- III. Selection of CM Subpanel Chairperson
 - Each nominee explained why they would be an effective chairperson.
 - Votes were gathered, tabulated and results were shared with the subpanel.
- IV. Case Management Leading Practices
 - Navigant continued the presentation of case management leading practices (started during Meeting # 1) which were developed through research, review of other state programs and Navigant subject matter expertise. Leading practice review and discussion will lead to decisions about case management standards.
 - Subpanelists engaged in an interactive exercise to:
 - Review each element and its corresponding leading practices.
 - Provide input on the current case management activities by indicating whether the leading practice:
 - Column A: Currently happens with quality and consistency,

- Column B: Currently happens but is inconsistent and additional training is needed and
 - Column C: Does not occur or is a new practice.
- For several of the leading practices, subpanelists placed their response between two categories. Responses between Column A and Column B were tabulated in Column B. Responses between Column B and Column C were tabulated in Column C. These instances are designated with an *next to the number and further clarification within the leading practice box.

Table 1: Elements of Leading Practice Discussion

Element	Associated Leading Practice	A	B	C
Person Centered Service Planning	Explain assessment results to participant and clearly incorporate participant needs within the plan.	5	9	
	Facilitate, guide and teach participants to lead the PCSP meeting and make choices.		6	5
	Use a strengths-based approach during planning 2 responses in Column B were between Columns A and B 1 response in Column C was between Columns B and C		9*	2*
<p>Person Centered Service Planning: Key takeaways from subpanelist discussion</p> <ul style="list-style-type: none"> • Case manager training is necessary to support the participant more effectively. • Some case managers struggle with strength-based approaches for fear that if too many participant strengths are identified the participant will no longer qualify for services. Subpanelists also recognized that a focus on medical needs to 'pass prior auth,' does not encourage a strength-based approach. • Some subpanelists shared challenges engaging and encouraging participants to lead person-centered planning activities describing instances when the participant is resistant to the end-to-end planning process. Panelists identified the need for training to address better ways to engage and motivate participants. • A number of subpanelists indicated that some service providers do not participate in the PCSP meeting because they are not financially compensated to attend. On the topic of providers, subpanelists also indicated there are instances where providers insist on having meetings at the service site, regardless of the participant's location preference. 				
Meaningful Goals	Develop goals that are written in SMART format (specific, measurable, achievable, results-focused, and timebound) 2 responses in Column C were between Columns B and C		2	7*
	Balance between important TO and important FOR 1 response in Column B was between Columns A and B 2 responses in Column C were between Columns B and C	1	7*	3*
	Write goals in participant's own words that contain desired outcomes based on the participant's personal preference 1 response in Column B was between Columns A and B	1	5*	5*

Element	Associated Leading Practice	A	B	C
	1 response in Column C was between Columns B and C			
<p>Meaningful Goals: Key takeaways from subpanelist discussion</p> <ul style="list-style-type: none"> • There was general agreement from subpanelists that more meaningful goal development is required, however training is needed. • Case managers have competing priorities and requirements and concern was expressed with the amount time involved to fully develop goals. • The process to update service plans and goals within the person-centered service plan (PCSP) in MWMA is a barrier to create attainable, date-driven goals. • At times case managers develop a goal in the PCSP that is geared to a provider action (i.e., monitoring) rather than participant preference or request. • It is difficult to balance ‘timebound’ goals with goals that may need to remain on the PCSP for longer duration based on a participant’s specific need. 				
Risk Identification and Mitigation	Use a risk identification and mitigation form 1 response in Column B was between Columns A and B 1 response in Column C was between Columns B and C	2	3*	6*
	Address health and safety risk factors that are categorized into 1) health risks, 2) behavioral risks, or 3) risks to personal safety. Include strategies to mitigate risks in the plan	5	4	2
	Facilitate opportunity for the participant to acknowledge and accept responsibility for risks which improves mitigation efforts that respect participant’s needs and preferences 1 response in Column B was between Columns A and B 1 response in Column C was between Columns B and C	2	6*	3*
<p>Risk Identification and Mitigation: Key takeaways from subpanelist discussion</p> <ul style="list-style-type: none"> • Forms used and the level of documentation for risk identification and mitigation are not consistent across waivers or providers, resulting in a range of captured information (limited documentation to well thought out risks and mitigation plans.) • CMS requires that risks and mitigation plans are clearly documented and reviewed with participants and subpanelists agreed that it is important and beneficial; however, they expressed concern about adding additional work and time to the PCSP process. • Additional concerns subpanelists expressed included formulation of PCSPs and risk and mitigation plans using a “cookie cutter” approach (similar documentation without critical thinking), giving a participant documentation when a person with a particular disability cannot read or understand it, and sheltering participants and overly protecting them such that they were not allowed to observe consequences when continuing to engage in high-risk behavior, (i.e., smoking while on oxygen). 				
Review signature of the PCSP is completed by all	Review and signature of the PCSP is completed by all those responsible for services 2 responses in Column B were between Columns A and B	10	2*	



Element	Associated Leading Practice	A	B	C
those responsible for services	Distribute copies of the PCSP to all persons directly involved in the PCSP planning process within a designated timeframe 2 responses in Column B were between Columns A and B	10	2*	
<p>Review signature of the PCSP is completed by all those responsible for services: key takeaways from subpanelist discussion</p> <p>NOTE: A subpanelist voiced concerns surrounding the use of MWMA when connected to Wi-Fi. Following the meeting, DMS sent clarification and confirmed that the MWMA system is a secure site and can be used on Wi-Fi.</p> <ul style="list-style-type: none"> Panel consensus is that signatures are being obtained on PCSPs; however, the timing of the signatures has been a concern and can result in delays. There were concerns and confusion was expressed regarding provider involvement and signatures during service transitions. Some providers do not wish to participate if the service is transitioning to another provider. Additionally, the QIO requires all signatures on the plan when there is a transition. <p>NOTE: DMS clarified that in instances of service change, only the impacted providers are required to sign the updated PCSP.</p>				
Timely Service Authorizations Based on Participant Needs	Confirm through service authorization that services specifically address participant needs... 1 response in Column B was between Columns A and B 1 response in Column C was between Columns B and C		8*	3*
	And control for any misuse, waste or excessive service allocation 2 responses in Column B were between Columns A and B 2 responses in Column C were between Columns B and C		4*	6*
<p>Timely Service Authorizations Based on Participant Needs: Key takeaways from subpanelist discussion</p> <ul style="list-style-type: none"> There are delays in processing paperwork for the participant directed service (PDS) workers. Services are not rendered timely due to these paperwork delays. When there are delays in this process, individuals aren't paid or are required to stop working. Eligibility interruptions create service delays or nonpayment for providers until resolved. For example, patient liability is not tracked back to a waiver after a facility discharge covered under the MCO. When CM's become the gate keeper, how will relationships between case managers and providers be impacted? Numerous questions were raised about how the service authorization process will work and the training that will be needed. Subpanelists were encouraged to think about tools and information that would be helpful to case managers when authorizing services. 				
Ongoing Monitoring	Conduct monthly in person meetings to monitor progress	8	3	



Element	Associated Leading Practice	A	B	C
	Monitor participant's progress, satisfaction and risks: <ul style="list-style-type: none"> • Confirm and coordinate services • Assess progress and verify needs are met • Address issues of health/safety/welfare concerns and questions regarding services 	5	5	1
	Facilitate opportunity for the participant to acknowledge and accept responsibility for risks which improves mitigation efforts that respect participant's needs and preferences	9	2	
Ongoing Monitoring: key takeaways from discussion <ul style="list-style-type: none"> • Subpanelists acknowledged the importance of conducting a visit in the participant's residence at least once every three (3) months and conducting monthly face to face visits with participants. • Rate concerns were raised related to the HCB waiver case managers since their rates are lower and this would be an additional work to absorb. Subpanelists indicated some providers do not allow a participant to miss a portion of a service so case managers can meet with them. • Some CMs would like to monitor services in person rather than being restricted to a provider phone call for certain services (i.e. therapy services). 				
Event Based Modification	Provide CM training that provides a clear framework for the type of events that require service modification may improve the likelihood that PCSPs are up to date 2 responses in Column B were between Columns A and B	2	6*	2
Event Based Modification: key takeaways from subpanelist discussion <ul style="list-style-type: none"> • Feedback ranged from some CMs doing this function well to not performing modifications based an event depending on the waiver and the case management agency. • Training and tools to recognize events are necessary and will benefit case managers. 				
Annual Re-Certification	Review and update the PCSP every 12 months... 1 response in Column B was between Columns A and B	4	4*	
	Consistent with the elements previously described for developing effective goals and assessment of progress	4	3	
Annual Re-Certification: key takeaways from discussion <ul style="list-style-type: none"> • There was general agreement that re-certifications are occurring on an annual basis. • Improvements can be to the PCSP using elements for developing goals and assessment of progress. 				

V. Help Desk Overview

- DMS reminded the group of stakeholder themes and feedback prompting the recommendation for a case manager help desk
- DMS reviewed the goals and intentions of the case manager help desk

- Subpanelists were asked to share situations that would prompt a call to the help desk. Situations included:
 - Transitions from one provider to another
 - Input on participant specific situations and service limitations
- Subpanelists were asked to share additional situations via CM subpanel inbox
- The suggestion was made to create a Frequently Asked Questions (FAQ) document with commonly answered help desk questions so that case managers have a physical document to reference

VI. Service Authorization Roles and Responsibilities

- Service Authorization Purpose Statement was presented to subpanelists
- Service Authorization benefits and considerations were reviewed in anticipation of changing responsibilities
- Discussion to continue at CM Subpanel Meeting # 3 in February 2019

VII. Next Steps

- The subpanel will meet again on February 13, 2019 to:
 - Discuss outstanding questions from the January meeting,
 - Provide input on a flowchart for the initial engagement process,
 - Discuss service authorization standards and CM transition needs,
 - Review expectations and roles of DMS and providers in required PCSP process and
 - Discuss the role of the Help Desk, the type of supports provided and related to scenarios.