



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



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

Matthew G. Bevin
Governor

Adam M. Meier
Secretary

Pam Smith
Division Director

Carol H. Steckel, MPH
Commissioner

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

March 14, 2019, 10:30am-12:30pm

Meeting Summary

Meeting: Case Management Advisory Subpanel – Meeting #3

Date: March 14, 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 work focus over the next 3 months. One panelist with an excused absence was unable to attend.

II. Review of CM Subpanel Meeting # 2

- Subpanelists confirmed receipt of meeting minutes draft and minutes were unanimously approved by subpanelists.
- Subpanelists discussed concern with obtaining and submitting signatures during service changes, specifically obtaining a signature from a provider that is not impacted by a plan change. As in meeting # 2, DMS clarified that in instances of service change, only the impacted providers are required to sign the updated PCSP.

III. CM Advisory Subpanel Responsibilities

- Subpanelists responsibilities during subpanel meetings was reviewed.

IV. Service Authorization (SA) Crosswalk

- DMS introduced a proposed service authorization crosswalk, which is intended to serve as a tool to case managers during development of the person centered service plan (PCSP) and service authorization. DMS requested feedback on the format and key elements.
- Subpanelists agreed that the SA crosswalk will be beneficial not only to case managers, but to participants, participant families/caregivers, and service providers so that all stakeholders are knowledgeable of the services using the same information.
- Some subpanelists voiced concern regarding recoupment activities and if case managers would be subject to recoupment.

- Following the meeting, DMS clarified; Recoupments will be collected from the servicing provider the service authorization is attached to.
- Case managers verbalized the need for support as the service authorization duty shifts to the case manager. DMS affirmed training and support will be provided to case managers.
- Subpanelists appreciated the inclusion of the service definition, indicators and applicable waivers. Subpanelists would like additional clarification on service limitations, specifically for services that cannot be billed concurrently with other services.
- The group discussed difficult situations associated with pressure to approve additional services as case management begins service authorization.
- Subpanelists provided feedback on format, electronic versus paper copy, and preferences. Feedback amongst case managers/providers was mixed, with participant representatives preferring paper copies so that they have something tangible to refer to.
- Subpanelists were asked to comment on the support needed from case supervisors as this change is initiated. Subpanelists agreed that as this new process begins, case manager supervisors should review all person-centered service plans and corresponding service authorizations for a period of time (90-120 days). The current practice of new case manager review during CM training period should continue.

V. Initial Engagement Process Map

- Subpanelists reviewed the proposed initial engagement process map and provided feedback.
- Subpanelists requested additional information to be included in the process map, to include timeframes as well as additional clarity to the assessment types based on the waivers. Upon revision, subpanelists will again be asked for input.
- Several subpanelists voiced concern over delays in receiving completed assessments, which results in delayed outreach and delayed PCSP development.
- Case managers in the subpanel voiced concern regarding the lack of payment for initial engagement activities. DMS informed subpanelists that going forward, LOCs will be issued first and THEN the CM/providers will receive the participant after the LOC date.

VI. Leading Practice Criteria

- The subpanel was presented with leading practice criteria, which was developed based on the input received during previous subpanel meetings. During this meeting, criteria was reviewed in the areas of:
 1. Initial Engagement/Options Counseling/PCSP Coaching and Team Selection
 2. Person Centered Service Planning
- Key Takeaways based on leading practice criteria reviewed can be found below in Table 1.

Table 1: Leading Practice Criteria Discussion

Element	Associated Leading Practice Criteria
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Element	Associated Leading Practice Criteria
Initial Engagement, Options Counseling, and PCSP Coaching and Team Selection	Participants receive a participant guide that includes information about: <ul style="list-style-type: none"> • Participant’s rights • Service Options • PCSP Process • Roles and responsibilities (participant and the case manager)
	The initial visit is conducted in the participant’s residence within X timeframe.
	The case manager guide offers qualitative elements to address within the initial visit (e.g. observation of home environment, participant capabilities within home, support network, etc.)
	The case manager engages with the participant and their support(s) to understand the participant’s goals/desires.
	The case manager provides options counseling that includes: <ul style="list-style-type: none"> • Medicaid waiver services • Medicaid State Plan services (as appropriate) • Non-Medicaid funded community services
	The case manager coaches the participant about their role in the PCSP meeting and obtains input on logistics and providers to be invited.
	The initial engagement must occur within X timeframe.
Person Centered Service Plan Criteria	Initial Engagement, Options Counseling, and PCSP Coaching and Team Selection: Key takeaways from subpanelist discussion <ul style="list-style-type: none"> • Participant guide will be useful to participants and their families, especially if the service offerings and definitions are included as part of the guide. • In consideration of participant needs and case management agency planning, subpanelists discussed potential timeframe options for the initial visit: <ul style="list-style-type: none"> ○ 10 business days ○ 10 calendar days ○ 7 business days • Some subpanelists again cited concerns with the timeliness of receiving completed assessments as a challenge to ensuring visits and task completion are within the specified time limits.
	Establish minimum standards for PCSP and develop desk tools to help case managers operationalize those standards. Required information in the PCSP within MWMA

Element	Associated Leading Practice Criteria
	Training and desk tools will aid case managers to complete the PCSP according to standards.

Person Centered Service Plan Criteria: Key takeaways from subpanelist discussion

- There was consensus within the subpanel that the completion of the PCSP within two weeks was a reasonable expectation. One subpanelist did voice concern over delays in obtaining signatures from all providers, however did agree with the two-week timeframe.
- Discussed the potential of including “drop down” categories for goals, such as social, community, medical, etc. and in response, one subpanelists indicated that it would be ideal to include drop downs which matched assessment categories.

- Subpanelists were asked to review additional leading practice criteria and submit feedback and input to DMS following the meeting. Areas for additional input include:
 1. Person Centered Service Plan and SMART Goals
 2. Risk Identification and Mitigation
 3. Ongoing Monitoring
 4. Event based modifications
 5. Annual Recertification

VII. Help Desk Brainstorming

- Subpanelists were asked to provide 2-3 examples which would benefit from help desk support within each category below:
 1. Policy
 2. Unusual Situations
 3. Provider Pressure
 4. State Plan/Other Services
 5. Participant Eligibility
- Table 2 below summarizes the input received:

Table 2: Help Desk Scenarios: Summary

Help Desk Scenarios: Summary
<p>Policy</p> <ul style="list-style-type: none"> • Service definitions, limitations, and guidelines • Overall budget questions • Incident reporting and provider notification • Recoupment policy

Help Desk Scenarios: Summary

- Definition of person-centered

Unusual Situations

- Changes in condition, specifically related to IQ and level of care
- Monitoring participants receiving APS involvement
- Death of a caregiver with no plans in place
- How to safely and appropriately serve sexual predators
- How to handle failed transitions

Provider Pressure/Services

- Providers request increased service units with little to no justification and/or no evidence of need in the assessment
- Providers not willing to provide service to participants only requiring one hour of care
- Providers questioning the overall prior authorization process and/or service denials

State Plan/Other Services

- What is covered and not covered under the state plan? Private insurance plan?
- Durable Medical Equipment coverage
- Resource information for non-funded community services
- Which goods/services can be received via the state plan vs. through the waiver?

Participant Eligibility

- General process questions
- Assistance with diffusing angered participants/families
- Knowledge of and support with the MCO/Medicaid issue (switched for “no reason”)
- DCBS call difficulties, especially pertaining to loss of Medicaid
- Knowledge of waiver process for continued eligibility

VIII. Next Steps

- The subpanel will meet again on May 15, 2019 to:
 1. Discuss questions from the March meeting
 2. Review case management standards
 3. Review proposed training curriculum content
- Subpanelists assignments include:
 1. Provide additional input into the proposed leading practice criteria

2. Submit training scenario examples to DMS