



**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) Centralized Quality Management (CQM)
Advisory Subpanel**

April 10, 2019, 1:00pm-3:00pm

Meeting Summary

Meeting: CQM Advisory Subpanel – Meeting #2

Date: April 10, 2019

Location: Public Health Building, 2nd Floor Board Room, 275 East Main Street, Frankfort KY 40601

AGENDA TOPICS AND KEY DISCUSSION POINTS

I. Advisory Panel Overview

- a. DMS provided a summary of the Home and Community Based Services (HCBS-AP) meeting held on March 7, 2019.
- b. Topics discussed during the HCBS-AP meeting included stakeholder engagement strategies (public comments, social media, etc.) and other ways to improve communication between DMS and public.

II. Updates Related to Incident Reporting

- a. DMS presented an updated timeline for the rollout of the revised incident reporting process.
- b. Effective date of updated incident reporting materials and requirements is June 7, 2019.
- c. DMS presented the key changes to the incident reporting process based on CQM Subpanel feedback.

III. Incident Reporting Training

- a. DMS provided its proposed incident reporting PowerPoint to support the webinar training on May 7, 2019.
- b. All provider training materials will be available on the Division for Community Alternatives website.
- c. Panelists highlighted the following critical incident training needs:
 - i. Critical incident training is not currently provided to HCB waiver providers.
 - ii. Additional information/guidance is needed from the State regarding what should happen if the case manager and service provider disagree on how to resolve the reported incident.
 - iii. Service providers and case managers do not understand their authority to investigate. Additional training is needed regarding investigations.
- d. Panelists suggested additional training or support that would answer the following questions:
 - i. How do I get another worker for my family member if I know they are making poor choices?
 - ii. How can we speed up the hiring process for PDS employees? Hiring a new employee takes a lot of time.
 - iii. Who comes in and provides education/training on the rights of the employer? It would help to have a one-page document that explains the incident reporting process and outlines the waiver participants' rights.
 - iv. How to recruit good employees and how to maintain professional boundaries?
 - v. How can you train/educate waiver participants that they have privacy rights?
- e. Panelists expressed the following concerns regarding critical incident reporting:
 - i. There is no feedback loop from APS/CPS or from the regulating agency regarding investigation outcomes.
 - ii. There are often times duplicate reports for the same incident.
 - iii. Providers are unable to take action when waiver participants are exploited and often APS does not accept the case if the provider agency "corrected the wrong." Subpanel member provided an example where they had proof that items were purchased with the waiver participants funds and later returned to a store for cash. Neither APS or the police would pick up the case because the agency had given the waiver participant back the missing money.
 - iv. Waiver participants need to be empowered by receiving information about their own life. Staff/employees should inform the waiver participant that they are filing an APS report and get the waiver participant's feedback.
 - v. Waiver participants do not have anyone to talk to or to advocate for change when things are not working.

IV. Provider Certification

- a. Navigant provided an overview of the current provider certification process used across the Cabinet
- b. Navigant summarized next steps related to streamlining and improving the provider certification process.
- c. Panelists highlighted the following regarding the provider certification process:
 - i. No training is provided for HCB waiver providers; providers are assigned a provider # and can provide services.
 - ii. SCL offers a two day training for certification that is thorough.
 - iii. State auditors need to understand the difference between the waivers so when they look at service notes they understand the difference in services and requirements.
 - iv. Case Management agencies should not have to write policies and procedures for areas of regulation that do not apply to them (e.g., site requirements, water temperatures, locked medications, etc.).
 - v. It takes too long to hire a PDS employee because of the time it takes to complete a background check.
 - vi. Support brokers cannot take action against a PDS employee because they are hired by the waiver participant. PDS participants are scared to take action because he or she is scared they will lose services.
 - vii. SCL does not give advance notice of audits. Providers often get a two-day notice which often conflicts with pre-scheduled meetings. This is especially true for Case Managers who are scheduled to conduct face to face meetings in the field. Providers need a minimum of one week notice for billing audits. ABI gives a 2-3 week notice for billing audits.
 - viii. Two different State agencies will perform the same audit
 1. DMS responded that CMS requires that DMS audits the contracted agency or operating agency.
 - ix. Sometimes the regulating agency audit findings are inaccurate and the regulating agency still requests a corrective action plan even if the issue has been resolved.
 - x. Providers are unable to appeal corrective action plans.

V. Next Steps

- a. Panelists were instructed to send any feedback on the incident reporting PowerPoint and identify any other incident training/materials needs to CHFS.IncidentRptWorkGroup@ky.gov by April 17, 2019.
- b. The next subpanel meeting date will be on May 8, 2019.