



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

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**Department for Medicaid Services (DMS)
Home and Community Base Services Advisory Panel (HCBS-AP)
Meeting Summary**

Meeting: Advisory Panel Meeting– Meeting #1
Date: March 7, 2019
Location: Public Health Conference Suite B
Attendance: Department for Medicaid Services, Department for Aging and Independent Living, Department for Behavioral Health, Developmental and Intellectual Disabilities, Navigant Consulting and 13 of 17 panelists.

Agenda Topics and Key Discussion Points

- I. Review HCBS Advisory Panel Charter
 - a. Pam Smith, DMS Division of Community Alternatives Director, opened the meeting with introductions and then reviewed the responsibilities of HCBS Advisory Panelists. She reminded the panelists that they may not speak publicly on behalf of DMS.
- II. Subpanel Chair Introduction and Subpanel Activity Updates
 - a. The Subpanel Chairs were introduced. Two of the three were present (CQM and PDS chairpersons).
 - b. The Participant Directed Services (PDS) Advisory Subpanel Chair provided an overview of the first PDS Subpanel meeting that took place in January. The topics discussed included 1) the need for more education about PDS and Financial Management Agencies (FMAs) due to a lack of understanding of the program for stakeholders in a format that is easily understood, 2) the process for monitoring things like TB skin tests and valid driver's license, 3) the need for statewide standards. Items to take back to the subpanel include the lengthy onboarding process, slow process for services when moving from one county to another.

- c. The Centralized Quality Management (CQM) Advisory Subpanel Chair provided an update on the subpanel meeting. Topics discussed included 1) a presentation by Navigant on an interim incident report, 2) Medicaid Waiver Management Application (MWMA) access and input process since some do not have access, 3) standardizing critical incident definitions. The provider survey is scheduled for April 2019. At the next meeting the subpanel will review the differences between regular incident reporting and critical incident reporting.
- d. Pam Smith provided an update on the Case Management (CM) Advisory Subpanel meeting since the Subpanel Chair was absent. Topics discussed at the CM Advisory Subpanel to date include 1) a review of leading practices and what they mean for participants, caregivers, and case managers, 2) moving service authorizations into CM, 3) CM training, 4) the concept of a CM help desk.

III. 1915(c) Waiver Public Comment Summary

- a. Pam Smith reported that the target is to repost the 1915(c) waiver for public comment the week of March 11, 2019. She provided an overview of the changes that had been made since January include: 1) updates to patient liability, 2) clarification on background checks for PDS, 3) rewrites to make the content easier to understand, 4) population-specific information 5) CMS application updates. She clarified that the comments submitted in January will be considered along with those submitted during the restarted public comment period. She also clarified that the waiver will be reposted a full 30 days for public comment.

IV. Implementation Milestones

- a. Pam Smith provided an overview of the milestones. Completed milestones include the legislative briefings that occurred in December.
- b. In progress: The subpanel meetings, Frequently Asked Questions (FAQ) have been posted and there will be update with waiver reposting, and the Rate Study Survey began on 2/25, following the pilot.
- c. Upcoming milestones include town halls to be held statewide in the summer, changes to MWMA, development of CM trainings, and FMA minimum requirements. In the fall, the PDS participant guide is tentatively scheduled for release and the Rate Study will be completed and presented.
- d. DMS is working to communicate more using social media and being out in the community to educate and clarify services.

V. Stakeholder Engagement and Implementation Communication Plan

- a. Lori Gresham, Project Manager for 1915(c) HCBS Waiver Redesign, reviewed the NEW Model: Notify, Educate, and Wraparound

- b. Lori Gresham led a panel activity that addressed the preferred methods of communicating information, including giving and getting information, the purpose of engagement.
- i. **Who are our Stakeholders:** Stakeholders were identified as participants, families, providers, direct support workers, Cabinet staff and the greater public.
 - ii. **What is the purpose of Stakeholder Engagement:** The purpose of stakeholder engagement was defined as collecting stakeholder feedback, improving understanding, educating the public, getting buy-in from stakeholders and meeting federal compliance requirements.
 - iii. **What are the preferred methods of Stakeholder Engagement:** Current preference for stakeholder engagement is email but communications with participants and families may be more successful through case managers and direct care workers that see individuals on a regular basis. Town halls are also very popular and effective for participants and families and those activities should be tailored to the participant audience. The new website is also a great improvement and organized and updated regularly. It's helpful to have webinars and "How this Impacts Me?" materials provided on the website.
 - iv. **What are some suggested improvements to Stakeholder Engagement:**
 1. Although town halls are an effective tool, participants and families often come to the event with case specific questions. A meet and greet before or after the presentation would be beneficial for participants and their families to talk to DMS staff. Question and answer time could be extended so attendees feel heard. In the future, a waiver specific help desk could mitigate the number of questions asked in public forums such as town halls. Various times such as an afternoon and evening session may be beneficial, as well as, staying away from stages and auditoriums that may make attendees feel intimidated. The structure of town halls may vary as well to include education by DMS but also having focus groups so participants can share their feedback.
 2. Another suggestion for communication is post-cards or unofficial mailings. Receiving mail from DMS is often associated with fear. Mailings packaged in a more inviting way would be better received by participants and their families.
 3. Case managers and direct care workers are a primary source of information for participants. Increased access to MWMA is needed so more providers are getting messages straight from DMS.

4. Social media is an effective tool but can be risky. If you don't post regularly, your posts may not show up. There is also an abundance of misinformation on the internet and it can be challenging to tell what is true and what is not.
5. The public comment period is a great opportunity for participants to share their feedback, however, written comments can be challenging. Panelists recommended allowing videos to replace written comments when appropriate.
6. Panelists also suggested using text messages to deliver short communications with participants. A text may reach more participants that are typically hard to reach.
7. Panelist recognized that DMS has limited resources and encouraged DMS to use resources effectively to reach the most people.

v. **What are some barriers to Stakeholder Engagement:** Some of the barriers to communication discussed include previous negative experiences, high rate of turnover among case management staff, population-specific barriers, overall complexity of the HCBS system.

vi. **What topics does the Cabinet Need to build communication around:** Topics to build communication around include a brochure on waivers to share, enrollment packets, notification of eligibility changes, changes to participant directed services, service definitions and limitations, overall waiver changes.

VI. Future topics that may be discussed by the HCBS AP include

- a. Communication
- b. Summaries from Subpanels
- c. Education (general)
- d. Summary of the public comments coming in, including the numbers, hot topics, issues covered
- e. How to operationalize changes and avoid being an echo chamber
- f. MWMA
- g. Services, including definitions, limits, etc.
- h. Entrance and transitions into the HCBS system

VII. The next meeting will be in two months. Notices will be sent out approximately one month in advance.

VIII. Homework:

- a. How does person-centered planning apply to all of this?
- b. How do we help individuals?
- c. How do we bring this to team meetings?