



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

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**Department for Medicaid Services (DMS) Participant-Directed Services (PDS) Advisory  
Subpanel**

**March 26, 2019, 1:00pm-3:00pm**

**Meeting Summary**

**Meeting:** Participant-Directed Services (PDS) Advisory Subpanel – Meeting #2

**Date:** March 26, 2019

**Location:** James Thompson Conference Room, CHR Building, 275 East Main Street, Frankfort  
KY 40601

**AGENDA TOPICS AND KEY DISCUSSION POINTS**

**I. Objectives and Recap**

- a. DMS discussed agenda and objectives
- b. DMS recapped the previous subpanel meeting in January
- c. PDS Subpanel chairperson provided updates from the Home and Community Based Services Advisory Panel (HCBS-AP) meeting
- d. DMS reminded all panelists that all items in workgroup are draft/confidential
- e. DMS reviewed subpanel meeting structure and approach to providing input in a solution/improvement-oriented manner
- f. DMS reviewed the PDS redesign focus areas and the associated findings and goals for two focus areas: development of a self-assessment tool and development of minimum standards of practice for financial management agencies (FMA)

**II. Discussion: Financial Management Agency Support and Monitoring**

- a. DMS and Navigant facilitated discussion regarding current FMA experiences and how operations can be improved across the Commonwealth (note that some discussion points were regarding case managers, although the discussion was focused on the financial management aspect).

- b. DMS clarified that the FMAs are the fiscal intermediaries who administer the financial aspects of PDS, including processing employees' timesheets, distributing paychecks to employees, and managing participants' budgets. FMAs include Area Development Districts (ADDs) and Community Mental Health Centers (CMHCs).
- c. Panelists highlighted the following characteristics of "high-quality" FMA providers:
  - i. Allow electronic submission of timesheets (with exceptions for those without technology access)
  - ii. Have processes in place for resolving corrections to timesheets that are convenient for the participant/representative (e.g., allow corrections electronically or via email, have "reasonable" timeframes for the participant/representative to make corrections to timesheets)
  - iii. Frequent and timely communication with the participant/representative (e.g., timely responses to emails)
  - iv. Proactive help with managing PDS policies and processes, such as letting the participant/representative know about recertification elements months in advance so that participants are prepared when recertification occurs
  - v. Establishment of a contingency fund to pay direct support professionals when administration issues delay processing of time-related records
- d. Panelists highlighted the following requests for user-friendly data systems:
  - i. Request for timesheet submission via the Medicaid Waiver Management Application (MWMA)
  - ii. Desire for standardized reporting of expenditures, and inclusion in MWMA system to see real-time updates
  - iii. Case managers wish to see urgent outstanding issues for all clients rather than needing to open each client's file individually in MWMA (and wish to receive an email notification when urgent/critical outstanding items are due for all clients)
  - iv. Participants and families request access to MWMA
- e. Panelists highlighted the following areas where FMA providers could use more support from the Cabinet in order to deliver high quality and consistent financial management services to participants:
  - i. Timely resolution of complex billing issues to ensure prompt response to participants and to ensure continued payment/employment of direct service workers
  - ii. Standard information about who to contact at the Cabinet level to resolve complex issues
  - iii. Additional FMA provider training and guidelines

- iv. Re-distribution of workload between financial management and case management; have FMA staff play a more active role in financial management
- v. More frequent contact with DMS (e.g., monthly or quarterly phone calls)
- vi. Improved change management process in which changes occur in iterative process and stakeholders are informed of changes in advance
- vii. Timely recoupment reviews/requests to lessen the financial burden on FMA providers
- viii. Improvements to the Cabinet's current monitoring approach
  - 1. Low turnover so that monitoring staff are familiar with the program and do not require additional explanation of the program/entity at each recertification visit
  - 2. Identify trends in deficiencies rather than each single instance
  - 3. Less punitive/more educational and with more technical assistance
  - 4. Less emphasis on caregiver documentation, which FMA does not have control over

### **III. Discussion: Self-Assessment Tool**

- a. DMS and Navigant facilitated discussion regarding stakeholders' reactions to the format and delivery of a sample of the draft self-assessment tool
- b. DMS and Navigant explained that the tool aims to provide prospective PDS participants with better understanding of the PDS employer responsibilities, provide an improved measure of participants' skills and abilities to determine training and support needs, and more consistent delivery of PDS-related education when participants are considering the PDS model
- c. Panelists outlined the following suggestions for improvement regarding the format of the tool:
  - i. Use of terminology and literacy level that promotes participants' understanding
  - ii. Promotion of accessibility and self-advocacy by making the tool digitally accessible and with appropriate font sizes, etc.
- d. Panelists outlined the following ideas regarding implementation of the tool, which require further discussion:
  - i. Some panelists were in favor of inclusion of an outcome/ result at the end of the tool which clarifies next steps for the participant, whereas other panelists were not in favor of this approach
  - ii. Panelists requested the tool be informative only and not have any impact on the participant's ability to choose the PDS model
  - iii. Panelists asked the Cabinet to:

1. Clarify who will review the tool
2. Identify if the participant has a representative and who is filling out the form
3. Clarify what training would be available for those participants who may need additional training needs
4. Add purpose of tool to the beginning
5. Ensure the tool is easily digestible
6. Consider re-naming the tool

#### **IV. Next Steps**

- a. The next subpanel meeting date will be on May 28, 2019. Panelists will provide additional feedback on the self-assessment tool.