

**WV NF Reimbursement Workgroup - Bi-Weekly Meetings  
MEETING MINUTES**

DATE AND TIME	LOCATION
Thursday, January 5, 2023 9:00 – 10:30am EST	VIRTUAL via TEAMS
ADVISORY COMMITTEE	
<b>Member List Below</b>	
<b>Meeting Cadence: Bi-Weekly Meetings via Teams Meeting</b>	

**Attendees\*:** \*Not inclusive of Call-in Users.

	Present?	Attendee	Present?	Attendee
Invitees:	X	Alex Montileone	X	Lane Ellis
		Andy Page	X	Lori Greer-Harris
	X	Barbara Skeen	X	Mandy Carpenter
	X	Catie Mellott	X	Melanie Dempsey
		Cindy Beane	X	Michelle Pettey
	X	Dan Brendel	X	Regina McCormick
		David McCauley		Shawn Eddy
		Gregg Gibbs		Sherry Jarvis
	X	Jeanne Snow	X	Terry McGee
	X	Jeff Bush	X	Todd Jones
	X	Kayla McCully	X	Tonya Jones
		Kris Pattison	X	Tracy Mitchell
		Whitney Sharp	X	Marty Wright

AGENDA ITEMS	LEAD	DURATION (MINS)
<b>1. Roll Call/Housekeeping</b> <ul style="list-style-type: none"> <li>See above for attendees</li> </ul>	Jeff Bush	5
<ul style="list-style-type: none"> <li><b>Updated Rate Model Discussion</b></li> <li><b>M/S:</b></li> <li>Introduced updates on prospective model from the provider community.</li> <li>Need to identify what special populations should be considered. We can have conversations with refining the data analyzed as necessary.</li> <li>Discussed carving out a component for taxes and insurance.</li> <li>Brought up having questions on the minimal occupancy percentages, right now it's 75%.</li> <li>Once we get the 12/31 data we will re-run everything.</li> </ul> <p><b>DHHR:</b></p> <ul style="list-style-type: none"> <li>In the direct care component we think that should be at the 90<sup>th</sup> percentile. That is how much providers are paying; they do not think that is a bad thing to provide reimbursement for those costs. There will be outliers to take into account; contractors for example.</li> </ul>	Alex Montileone	30

<ul style="list-style-type: none"> <li>• On the care related column we wrote therapy into that to have one less category. And added a floor of 80%.</li> <li>• Direct care adding a floor, there is been a push of minimum staffing without having a minimum staffing ratio. I think the floor takes care of the minimum staffing ratio. Perhaps the Feds may mandate the minimum staffing anyway.</li> <li>• Indicated they agree with insurance as a pass-through, however, would like special consideration for the liability insurance. Possibly including a percentile approach for a cap on this component.</li> <li>• The model does not have professional insurance; we will need to carve that out the model.</li> <li>• Propose keeping capital same as current system.</li> </ul> <p><b>Workgroup:</b></p> <ul style="list-style-type: none"> <li>• Proposed higher floor in direct care staffing and having a lower floor in other things would allow some efficiencies.</li> <li>• Changed some of these groupings like housekeeping, laundry, admin being the items that are outside of provider control. Workgroup generated model shows almost 10% in quality that would be paid out.</li> <li>• Discussed special populations for an add-on which the state can tailor towards the Medicaid population.</li> <li>• Discussed the need for information on residents with behavioral issues to see how large that pool is and determine how much money is associated with those patients.</li> <li>• Discussed looking at wounds and having that be one of the quality metrics Facilities might shy away from taking wounds which is why we want a state add on to consider wounds. How do we implement add-ons or special payments and whether or not we have a separate payment structure?</li> <li>• Discussed professional liability being carved out, other states are doing that like Georgia.</li> <li>• Discussed the need to model 90% minimum occupancy</li> <li>• Transition discussion, need to have discussion on how to treat ownership changes before and during and after transition.</li> <li>• Open to removing minimum occupancy understanding might have to tweak it to bring it back to neutral.</li> <li>• Talked about moving toward an annual cost reporting process, with the quality piece does it make sense looking at it on a 6-month basis?</li> <li>• There are all kinds of nuances we need to consider talked about moving toward an annual process, with the quality piece does it make sense looking at it on a 6-month basis.</li> </ul>		
<p><b>2. PDPM Discussion</b></p>		<p>25</p>

<p><b>3. Cost Report Changes and Timeline Discussion</b></p> <p><b>Workgroup:</b></p> <ul style="list-style-type: none"> <li>Updated that there hasn't been a lot done since last meeting and waiting on more direction on what rate model was going to be used.</li> <li>Discussed need to work up a budget on what changes will cost. Discussed determining an annual charge to providers.</li> <li>Scheduled a meeting with cost reporting workgroup to discuss</li> </ul>	Myers and Stauffer	15
<p><b>4. Clinical Workgroup Update</b></p> <p><b>M/S:</b></p> <ul style="list-style-type: none"> <li>Last time we talked about not looking at staffing measures this first year and pulling in a metric.</li> <li>Area for us to isolate and look at specific staffing areas that the state may want to focus on. Appropriate staffing levels, retention over time, staffing hours, there are a number of considerations to look at.</li> <li>Discussed changing metrics a year or two down the line as needed</li> </ul> <p><b>Workgroup:</b></p> <ul style="list-style-type: none"> <li>Discussed concern with looking at staffing due to high turnover in long term care</li> <li>Staff retention will be more specific, we can look at duration, from a staffing ratio standpoint it compares to state and national levels at the nursing home level. Once we establish a staffing ratio, can be higher and higher when looking at other things. We already have specialty staffing we will continue to look at; educators, therapy, practitioners. However we have concern and would caution against setting reimbursement for retention</li> <li>Talked about quarterly adjustments to quality. Do not want to do rate adjustments each quarter.</li> </ul>	Myers and Stauffer	10
<p><b>5. Open Discussion</b></p>	Myers and Stauffer	5

**MEETING ACTION ITEMS AND DECISIONS MADE**

Status	Task	Assigned To
<b>Pending</b>	<b>Action:</b>	Myers and Stauffer
<b>Complete</b>	<b>Decision Made:</b>	All