ADW CFCM Stakeholder Group Meeting Minutes

June 21, 2019 from 10 AM – 12 PM

Location: BoSS' offices/Conference room

3rd Floor Town Center Mall, Charleston, WV

- **Welcome and Introductions**

  Betsy Carpenter – KEPRO

  Regina Pancake – Aging and Family Services of Mineral County

  David Wilson – CCIL/WV's Choice

  Pam Miller – Allied Nursing

  Jack Tanner, Mary Jenkins, Debra Redman from Raleigh Co. COA

  Megan Ramsburg – WVU CED

  Michelle Pratt – All Ways Caring Home Care

  Whitney Stump – NCAP

- **Survey Update -** 21 agencies have answered the survey so far. There are a couple of weeks left for people to respond.
- **Merged Agency certification Application –** Discussed merged document which will be made available upon approval for agencies interested in providing CFCM services. There will be consistent items relevant across all 4 waivers and also waiver specific requirements applicants will be required to meet.
- **Review/Input of WVCFCM curriculum (Outline) –** BMS is looking at an online platform to provide CM training. ADW has licensed SW's and licensed RN's as CM's. If you have a license, you would be exempted from

some of the curriculum. This would be a certification curriculum for CM's in WV. It is competency-based and the person has to pass a post-test in order to move to next component of curriculum. The online platform would be free to agencies and there would be CEU's affiliated with some of the training sessions. The curriculum is for initial training of CM's. There could be some in-service sessions that could be used for CEU's for existing CM's. The curriculum also gives providers the ability to pick certain parts for their CM to take if there is an issue that the CM needs additional information about. The curriculum allows for consistent messaging. Add Cyrus to Topic 2: WV CM History, Background, State Specific. It was as significant in ADW as Medley and Hartley were to the other waivers. Probably also talk about Olmstead. Code of Ethics – should also incorporate Nursing code of ethics. There is value to having a training certificate for all staff especially if CEU's are included for SW's and RN's. Recommendation – should not be as black and white as if you have a license, you don't need to take the certification. Can identify what sections are appropriately taken as continuing education for existing CM's. License is still going to be required for ADW. Providers will go through the outline and think about ADW program specifically. Liz will send out the topics we chose for necessary training to the group members so it can be included in our ADW-specific curriculum. I-Spring is the platform that BMS is thinking of using. It will have questions embedded during the training as well as a post-test. No cost to providers for use of the system.

- **Discussion of concerns regarding reimbursement rate/ identify recommendations for presentation to BMS.** Concerns expressed by some agency directors about administrative overhead costs to provide CFCM. What does group think should be done regarding reimbursement for CM code? Liz asked if anyone used the 15-minute unit and what their experience was with it. If it was under 15 minutes, they could bill for 15 minutes. Billed units saw clients based on level of care – only had levels A through C then. C's were seen every month. Could also bill CM for talking to PA agency. $10 or $10.50 per unit and the caseloads were much lower. A high caseload was 40 or 45. When it dropped down to an event code, it dropped down to twice per year contact and quality went down due to decreased contact and higher caseloads. They used to be required to have

quarterly face to face meetings with PAA. If CM is supposed to ensure services are being delivered, he needs to see some completed worksheets every now and then. Main point of contact should remain the person. IF the CM is having increased face to face contact, it could also result in increased monitoring (CM can see environment and see if it appears that PAL is being followed as far as environmentals). $80 per month is not sufficient. The other 2 waivers have the 15-minute unit instead of event code. Does ADW need to consider more frequent home visits? An agency said that they cannot do home visits every single month on every person on their workload. 75 is caseload max for ADW. It is not possible to make the visits and document the visits and do everything else needed CM-wise for a caseload that size. For ADW, it also raises the transportation costs. (IDDW uses the CM code to bill for visit and travel to and from visit. IDDW caseload limit is 30. $9.80 per 15-minute unit. They document their travel time and their functional time and then their travel time coming back.) What does group think will work? The main question would be what would be the reimbursement rate for 15-minute unit? As long as 15-minute unit included phone calls. What would be billable? What would not be billable? Mileage needs to be included. It's hard to make a decision without idea of how much it would be. $39.20 per hour is what it would at $9.80 per unit. (On the IDDW program, they have a budget. They shop for a closer CM to reduce the amount their budget is impacted by travel time.) Used to be reimbursable to meet on crises. Had 15-minute units in late 90's. Can the agencies analyze $9.80 as a unit reimbursement rate and see if it would work? David Wilson did it at $10 per unit for an average client (not the easiest, not the hardest) and came up with $98 in a month worth of service. He figures most of his clients are average. He wants to advocate for 15-minute unit because it comes in higher than $80 per month. It should include the phone call between the CMA and the PAA, too. Pam Miller thinks that a crisis code should be added to ensure that appropriate documentation is kept on cases that are having trouble. David will do his analysis again at the unit rate of $9.80 and come back to group with his result. Do a two-unit cap on time to get to home and time to get back. Include time used to document. There could also be a service plan event code that included meeting, development of the plan and mileage, then the

15-minute rate could be used for CM done during the rest of the year. They would like to keep the monthly event code with an added 15-minute crisis code. There are incidents, coordination with agencies and other stakeholders involved in those cases. For a case in crisis, CMA would use event code and a crisis code. Liz said that when the entities are truly separated, the time necessary to perform CFCM inherently increases. Debra said to remember also that even though there are increased duties, the CM cannot do it in a 40-hour work week. Realistically, how many cases can a CM work and do quality work? If you gave your CM a really high caseload, you can make money, but quality goes down. Some things could change to make it more efficient. Possibly an online CM documentation system could be used to ensure protected data and assist with communication between agencies serving the case. Next meeting, providers who did analysis will report back to group. Megan will do a SODA analysis with the group based on their findings. Jack says that financial bottom line is that CM's would have to higher caseloads which would require expanding the area served (if reimbursement methodology remains as it is now).

- **Summary of WVCFCM stakeholder group input**
- **Identify next steps**
- **Wrap up/ next agenda items**

Schedule of future meetings: Discussion will be held with TBIW group about changing to a different day of the week, possibly one for July instead of two meetings. Liz will get back with the group about the possible dates. **After following up with TBIW stakeholder group , the next series of meetings are planned as follows.**

Date:	**Location:**	**Time:**
July 19, 2019	**BoSS ,3rd floor of Town Center Mall**	**10:00 AM – 12 PM**
August 2, 2019	**BoSS ,3rd floor of Town Center Mall**	**10:00 AM – 12 PM**
August 16, 2019	**BoSS ,3rd floor of Town Center Mall**	**10:00 AM – 12 PM**