

ADW CFCM Stakeholder Group Meeting Minutes

July 19, 2019 from 10 AM – 12 PM

Location: BoSS' offices/Conference room

3rd Floor Town Center Mall, Charleston, WV

- **Welcome and Introductions . Present included David Willson, CCIL; David Maynard, South Western Community Action; Arlene Hudson, BoSS; Debra Redman, Raleigh Seniors; LuAnn Summers, BMS; Mary Jenkins, Raleigh Seniors; Megan Ramsburg, WVU/CED; Randy Hill, TMH; Marcus Canaday, TMH; Liz Bragg, BMS, Tania Hardy, DRofWV . On phone: Regina Pancake**
- **Updated Flyer**
- **CMS webinar presented July 10, 2019**
- **Survey Update – review of results**
 - **Give thought to timelines for CM's and RN's to complete assessments and service plans. 7 days may not be enough time to complete it. When agencies are completely separate, concern that it will be more difficult to ensure that CM and RN do their jobs and what is protocol when that does not occur. Yes, we have to consider the provider, but we must also consider the needs of the person receiving services. How are agencies ensuring that they stay within policy guidelines?**
 - **Issues with statement of questions 21 and 22 on survey. They were not clear. Math does not add up with answers. Liz will administer another separate survey to address the issue the questions were**

trying to obtain information about. Many agencies that provide PA and CM, skipped question 21 and answered question 22.

- For providers who are the only ones who provide CM and/or PA in an area, can they receive an exemption? If not, it means they will lose all PA services and financially, it will be more beneficial for an agency like that to stop providing CM in that area and only do PA. Jenni Sutherland expressed difficulty in getting PA's due to drug epidemic. She also said that she has PA's close to her physical location and it is easier for her to hire PA's in that close area.
- There is some question as to who would grant an exemption. Some in group understand that CMS would approve BMS's process to grant an exemption. Others in group understand that BMS would have to run each situation by CMS regional rep and regional rep would approve the exemption. The TBIW stakeholder group is current working on an Exemption application form/process and the draft, when that group input is complete, will be brought to the ADW Stakeholder group for further input and then to the IDD group. The Exemption Application process will be consistent across agencies providing Case Management , approved by BMS.
- When a curriculum unit is ready for review, Liz will bring it and walk the group through it so they can see it. The first unit will probably be historical info about cfc. She almost wants to wait until she has a CM-specific unit. Does group want to see how I Spring platform is going to be used? Group said yes they would like to see that. Also could give group chance to work out hiccups.
- Facilitated discussion regarding reimbursement rate/ identify recommendations for presentation to BMS.
 - Some stakeholders had homework to prepare for this exercise. Homework was for some providers to mock up numbers for using a unit-based reimbursement rate. Megan Ramsburg facilitated an exercise to work through issue. **Flat rate is not financially viable.** Caseload limit is 75, but feasibly if you want to provide good CM, that is too many. Travel time is not covered by the rate. Phone calls are not covered by the rate. They get flat rate for the people that they do a huge amount of work for and same rate for people that

all they do is one phone call per month. It is difficult to get out to see people as often as they would like because of rate and caseload size. CM will be spread out further and so it would be more difficult to run out to the house to deliver DME if needed and things like that. There are so many clients they do very little for and so they would lose out on the funding for those people because that would go from \$80 to \$9.80. Most clients are conflicted so it is easy for CM to monitor the service delivery. When it is all separated, it will require a meeting between the two agencies to review the completed worksheets to ensure service delivery. It will enable more billing than what happens now. Currently, they are required to do home visits every 6 months or if they cannot reach the person after 3 attempts. Caseload could be lessened in order to accommodate monthly face-to-face visits. Currently, it is not really possible to do real person-centered services. Everyone gets cookie-cutter service. Pam Miller proposed having a separate code like a crisis code for when they have to do more than one visit/phone call. BMS is not going to pay them more for what they do right now. Senior centers are required to lay eyes on the person once per week for meal delivery. Options that Megan listed are the 15-minute unit for all CM, monthly fixed unit rate plus crisis code for cases that required additional work (additional visits; responsibility contract; crisis is not resolving; intractable problems such as bedbug infestation; lack of utilities, housing, food) and could there be a separate level of care for CM that is not tied to their level of care for ADW (would be tied to IMS report), and frequency of face-to-face visits based on level of care. Case management in the 90's was better. All providers in the room agreed with that. Caseloads were smaller, they had a 15-minute unit, there was no cap on units. They should put an annual cap on units instead of monthly to allow flexibility for crises, etc. CCIL runs about 60 per CM and below that, they would run into a financial hardship. On average, agencies were losing anywhere from \$1500 to \$6000 per quarter. If you diversify across programs, then you can share supervisors, human resources, physical location, supplies, etc. and it can allow an agency to make

money under current rate structure. Look at not only how to make more money, but how can we do it more efficiently? 4th option could be cost-saving ideas like online CM system. This would allow for sharing of information more easily. Group definitely did not make a conclusion. What option as a stakeholder group would we recommend to examine more closely? We are not ready yet to determine that. We need to spend more time next session to make this determination. Can we look at mileage as well? Could bill CM unit instead of mileage. Need to determine if it would have a limit and if so what for billing for time for travel.

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

Schedule of future meetings:

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