ADW CFCM Stakeholder Group Meeting Minutes

August 2, 2019 from 10 AM – 12 PM

Location: BoSS' offices/Conference room

3rd Floor Town Center Mall, Charleston, WV

- **Welcome and Introductions : In attendance are David Wilson, CCIL; LuAnn Summers, BMS; Arlene Hudson, BoSS; Michelle Pratt, All Ways Caring, CCIL; Megan Ramsburg, WVU/CED; Dinah Mills, Lewis Senior Center; Jennifer Gibson, Council on Aging and All Care Home and Community Services; Jenni Sutherland , Putnam Aging; Randy Hill, MFP: Take Me Home; Marcus Canaday, MFP: Take Me Home. On phone: Whitney Stump, NCAPWV; Regina Pancake, Aging and Family Services of Mineral County; Amy Stanley, Mountain Heart; Debra Redman, Raleigh Co. COA; David Maynard, Southwest Community Action; Pam Miller, Allied Nursing.**
- **Date stakeholder group recommendations are due to BMS – The <u>targeted</u> date to have recommendations to BMS is set as October 1st.**
- **Facilitated discussion regarding reimbursement rate/ identify recommendations for presentation to BMS.**
    - **Megan said we need to talk about the monthly rate based on level of service. Do we have more thoughts on 15-minute unit? Or is that exhausted? In order to break even with a CM, you must have a caseload at an event code rate of 60 clients per CM. If state went with this option, it would have to be clearly defined about what**

activities were billable, what caseload would be, how many face-to-face meetings per year would be required, etc. The travel time could be billed. There was a cap on 2 units max for travel. Agency directors said that CM's know how to game system for mileage. It would be prudent to install a cap right off the bat. Option 3 is the event code with an additional crisis code when case needed additional attention to keep the person in the community. In IDDW, there is ability to bill over 70 units per month with prior auth from KEPRO. Average person in average month with a phone call instead of face-to-face would probably be about 5 to 6 units according to David Wilson's estimation. For average person with face-to-face, could estimate 9 to 10 units for that month if you get two units of CM for travel. Liz asked if the CM's are always comfortable when they do the phone contact feeling like everything is ok with the person. David said if you get the gut feeling something is not right, CM can go to the home, but no additional reimbursement exists for that. Liz always felt more comfortable and confident that person was safe when she saw the person every month. Liz is trying to come to some way to determine more frequent face-to-face visits for someone which may ensure health and welfare of participants. We already decided that we can't tie it to level of service. We discussed linking it to the number of incidents reported in a time period in IMS. CMS is expecting a heavier burden as far as risk analysis and mitigation during service planning process using incident from previous service plan duration. Group will take that into consideration during this conversation. Liz feels that event code with fixed monthly fee would be a mistake in that it may not accurately capture the true time of engagement by the CM with legitimate CM activities. David said to get the manual from 1997 and just put it back into effect. Rate of $10.50 was good rate for what the expectations were. Met with PAA's face-to-face every three months, reviewed the completed worksheets every month. David Wilson and Jenni Sutherland both quit doing CM when max caseload was increased to 75 and reduced the amount of actual social work that was done for each case. They both felt like they

couldn't do real case management for their clients anymore. There was no cap on units with a much smaller caseload max and a reimbursement rate of $10.50, then they imposed a cap of 6 on monthly units and put a caseload max of 75 in place so that agencies could make it work financially. Liz asked the phone participants several times for input and they did not have any input.

- **Which of 3 options is group recommending? Group said they needed to know what the reimbursement rate would be for 15-minute unit. Liz said to use IDDW rate of $9.80 for reference. LuAnn said she does not like the name of crisis code. She feels it needs to be called something else. We agreed that it would have to be defined pretty clearly whatever it is called if that option was used. Liz suggested that group could go with all 15-minute units and ditch the event code altogether. The directors said that reduces their ability to predict viability of providing the CM service. All directors present like Option 3 which includes event code (base monthly rate) with critical juncture code (15-minute unit) available upon prior auth. What would prior auth process look like to ensure that CMA could be responsive but not get burned by not getting the prior auth and not be able to bill for work completed on that case? David feels that it should be done immediately and then it is subject to disallowance upon review. Patterns could be investigated. The manual would include key points that had to be documented to bill for the service. Included would be what constituted the crisis, what actions were completed to address the crisis, etc. Travel is not included in Option 3. If agencies want to use the 2 units for travel time, that would be workable. This would not be workable. The travel time would have to be included in the $80 because travel time is not critical juncture code. This option does not include the time that would be included in meeting with the PAA, looking at completed worksheets, etc. Discussed giving some time then requesting more time if needed. Concern when there is a crisis**

there will be delay when asking for additional units. If there is a minimum, then you can request more later if needed.

- **Group comments about option one. Will require a lot of forethought to determine levels. Option 1 would evaluate CM needs to determine a level which would then provide a unit amount. This will be difficult as there is no way to predict what needs a person may have. Would need to have a level of increase request with CM too just like PA. Each level would have a per diem based on need. Some of the required questions to make this determination may seem intrusive to the ADW member and their families. This option may be too complicated to have ready for 2020. Group does not think this is a terrible idea but not practical to have ready by 2020.**
- **Option 2, could be more monthly face to face contact. Disadvantage a lot of unknowns, unknown cap, unknown billable activities, staff not utilizing enough of the units for low needs. Option 2 clears up some of the issues with 3 but group still prefers option 3. Main reason is the fee with option 2. Option 2 would be annual cap not monthly cap. Can option 2 address the change in needs? Option 2 would end up being way lower than what agencies receive now if 6 units per month. With option 2, 6 units would not be enough. Before you figure out monthly cap you need to know what changes will be required. Visits? Travel? Case load amounts? Activities per month? Communication requirements? Summary with Option 2…..group leaning toward Option 3.**
- **Option 3 has less change for providers. Option 2 may be better if annual fee vs. monthly fee. With 3 can't determine some of the unknowns that Option 3 would create. Discussion spelling out what each thing covers i.e. per diem covers this and special code yet to be named covers this. Have monthly per diem be the common duties then the yet-to-be-named code would be for those things that require additional time. Group still likes Option 3 but with some tweaking. Possibly lower monthly fee but have the additional**

code for above and beyond the usual CM duties. Group feels that option 3 will assist getting back to CM. Megan wrapped up discussion of the various options. Now have option 1 which we don't feel it will be done by 2020, Option 2 is ok, Option 3 good and bad, and Option 3+ is the favored option.

A summary of today's discussion will be developed in the SODAS format by Megan Ramsburg. A group of providers will meet to discuss further on Monday and forward results of their discussion to Megan so that those will be included in the final draft to be presented to the group on the 16th.

- **Summary of WVCFCM stakeholder group input – identified follow up.**
- **Final review of WVCFCM Agency Certification application- will be on next agenda for members to bring back suggestions.**
- **Identify next steps- Merging with TBIW stakeholder group 8/16. 10/1/19 is targeted to have a write up about recommendations to BMS. Will not meet on 8/31. Next meeting will be 9/13 after 8/16. At 8/16 meeting, we will spend time on things we need to f/u to finish out this group and ready us to merge with TBIW. September 13th meeting will begin at 10 am: the full day has been blocked so that the groups will be able to develop full summary of recommendations developed of the course of meetings.**
- **Wrap up/ next agenda items –**
    - **Presentation of WVCFCM curriculum module at August 16 meeting**
    - **Group members to meet to write up some other suggestions for the 3+ option and forward to Megan.**
    - **Agency certification form will be sent out so suggestions can be brought to meeting.**

Schedule of future meetings:

Date:	Location:	Time:
August 16, 2019	BoSS ,3rd floor of Town Center Mall	10:00AM – 12:00 PM
September 13, 2019	BoSS, 3rd floor of Town Center Mall	10:00AM – 3:00PM