

## **IDD Waiver CFCM Stakeholder Meeting Minutes**

**August 8, 2019 from 10AM-12:00 PM**

**Location: KEPRO Offices, 1007 Bullitt Street, Suite 200, Charleston, WV 25301**

**Welcome/introductions** In attendance: Shannon Hughart, PNB; Bob Henrich, parent; Peg Henrich, parent; Megan Ramsburg, WVUCED; Joyel Finley, Pretera; Josh Ruppert, KEPRO; Jon Sassi, JCDC.

By phone: Karen Barry, Stepping Stones Cottages/parent; Sharon Stephan, PAIS SC; Barbara Leshner, Autism Services Center; Brad Blackburn, Rescare; Christy Black, parent; JW Stevenson, Stevenson

### **Case Management Credentialing/Training follow up discussion of Mentoring as discussed in July meeting- Megan Ramsburg WVU/CED**

Megan Ramsburg, WVU/CED presented a draft mentoring resource that could be used by agencies in conjunction with clinical supervision of new and seasoned Case Managers (currently known as Service Coordinators). This used internally by supervisors, the stakeholder group believes, would be helpful as follow up to curriculum// initial training provided by agency. It would also keep topics that are needing addressed on the radar to ensure clarity for follow up and improve consistency of training of the case managers specifically within the IDDW case management service arena.

- **WV CFCM system development**

- Liz Bragg presented key elements for CFCM and current processes in place to gain the group's recommendations for future processes and stakeholder group recommendations as follows:

SSF if related would be assigned to another SSF. Look at potentially addressing formally in policy.

If an agency provides case management, can the individual select their contractors to provide the services (**specific to pass through services** (PT, OT Speech) Accessing therapies through waiver. Provider agencies attending meetings. Pass Through providers not being required to attend meetings. The stakeholder group is recommending :1 . that an independent case management agency be able to pass through CONTRACTED service of OT, PT, Speech Dietary.

Another potential option discussed expanding the DD 2 (Freedom of Choice form could list to include choice of types of services, PT, OT, Speech etc as applicable.)

Crisis respite, personal choice , depts being separate is a good firewall. Choice noted on DD2, crisis respite choice is noted in advance. Planning ahead for person is best practice to mitigate.

.Bob H provided series of questions important from family's perspective. It is important to ensure CM is doing a quality job with the family, This can't be taught in a class, it's experiential Family needs to be able to discuss this impartially with someone other than the SC, the SC's supervisor. Families need to know family member is cared for and adding numerous meetings is not the best option. Crisis people available for what goes wrong **CAHPS survey data** Individually speaking with person, needs to include satisfaction with case management, resource consultant. Family liaison

**Roles and responsibilities need to be very clear (Between CM, Provider agency and role of Resource consultant) and this needs to be distributed to family/member.**

**Include Distribution of Family Member Handbook**

Potentially having a question hotline for case management questions or policy questions.

Suggestion of the establishment of a grievance board, that could objectively address issues. Having an arbitrator for example to work through. Clear outline of who is responsible for what. A separate grievance process needs to be established when agreements can't come to a consensus between two agencies. Something outside just the agency grievance process. Liz will check with BMS to see if the current grievance processes are sufficient. KEPRO technical assistance process is in place and if satisfaction is not received and a member is harmed, then they would go through the regular grievance process/exceptions/Medicaid fair hearing, etc. Update will be provided at September meeting.

When the MOA's fail, what is the next step.....

Doc requests need to be expedited.

Member/Family Liaison

**Need to be clear on what the CM agency is responsible for and that Kepro is responsible for.**

Agencies can't go 30 days without billing. April is looking into doc requests . CFCM , if all is done currently there is room for delays but there is also things done incorrectly. Dropping the ball.

Agencies need to have a contact person who can follow up on issues in CM 's absence. **The agency contact person can follow up on issues related to document request in Case Managers absences (example , they are on vacation etc) This could greatly assist with timeline crunch and all provider agencies could receive notification. Each provider needs to have a person identified, KEPRO could expand notifications to providers as well as CM agencies. Further discussion needs to occur on this.** Access to Care Connection needs to be expanded to ensure provider access.

Increase family engagement , need to explore methods for increase family engagement and ensure notification of grievances and appeals.

- **Memorandum of Understanding/Interagency Agreements: Draft will be worked on in September meeting**
- **Revisit PATH Strategic plan held in October 2018 at September meeting**

**Next scheduled meeting:**

**September 12, 2019 10am to 12 noon**