

## **CAP Stakeholder Advisory Group**

### **Meeting minutes**

**06/21/2018**

Do we have the list of attendees to include as present?

#### **Corrective Action Plan Updates – Chris Santaniello**

- As many of you know, there were many concerns with the original timeline for compliance. Over the last six months, we have had communication with the Center for Medicaid and Medicare (CMS) and have a new compliance date of August 31, 2021, which coincides with the renewal of the Developmental Disability Waiver (August 31, 2021)
- While the date for full compliance August 31, 2021, we will need to set a date for new people coming onto the waiver for separation of direct service and case management. To do this, we need to develop the Only Willing and Qualified Provider Policy and define appropriate firewalls. This is in process and expect to have this complete by the fall; once this is set, we will set a date. We will use the public health definition for rural communities- although just because a town may be deemed “rural” does not mean it falls under rural exemption, there are other factors
  - Area Agencies have been asked to submit initial plans for compliance by October 1, 2018. Each area agency looks different, based on the community and how the agency is structured.
- These timelines are more realistic, we want to be in compliance but not disrupt our system.
- The CAP workplan is constantly changing and evolving, the document on the website is a guide. We are closer to being in compliance than we thought we would be.

#### **Provider Selection Subcommittee update – Sandy Hunt**

These subcommittees consist of:

- 3 participants from Bureau of Developmental Services
- 6 participants from 4 area agencies
- 4 participants representing 4 provider agencies

Goals of this subcommittee are:

- Identify a baseline for statewide requirements for the provider selection process
- Standardized process for provider selection across the State of New Hampshire

- Offer families and individuals choice in finding providers, without losing the unique aspects of the area agencies

Quality Council has created a transparency sub-committee which will provide information to families to assist them in making informed choices

- This subcommittee will work with the Quality Framework Grant (IOD) to develop a website assist families as well
- Also will work with the State Family Support Council
- We want families' voices to be heard and we want all families to have similar experiences when choosing providers

Review and comparison of 7 out of 10 area agency RFP processes

- There are variances and similarities to the different forms
- It would be nice to have all ten AA had a one-page form
- Seems that the form itself is sent out at different times during the selection process
- How can we determine the similarities in what information is being requested? We need to determine what information is specifically needed

State Score Cards

- Discussed creating scorecards for provider agencies. This may be a controversial idea, but QC Transparency Sub-Committee has heard that area agencies have concerns about maintaining good relationships with vendors. But families are not concerned about this. Families want to get what services they need
- We are discussing how this may look in the future.

Provider Selection Workgroups

- Develop a list of AA contacts for provider selection process
  - Questioned where this list would be posted and who would maintain it. That would also be determined by this workgroup. But most likely would be posted on the BDS webpage.
- Develop a list of vendor agencies; include services that they provide and regions. (HRST, BTS, AA, contracts, Med Committee, and BDS website)
- Develop template for provider selection process
- Develop provider agency outcomes report / probation process. This could include insurance, best practice, services, med errors, deficiencies, number of employees, value adds, etc.
- Develop process on what to do if there are no provider agencies available in the region



## Action Items

- Develop a list of qualified Provider Agencies that will be included in the Provider selection process
- Identify best practice for Provider Agency vetting process and share with all Area Agencies

If anyone would like to join workgroups for developing provider agency outcome report/probation process or developing process on what to do if there are no provider agencies available in the region, please either sign-up on the sheets provided today or send your information to Maureen DiTomaso ([maureen.ditomaso@dhhs.nh.gov](mailto:maureen.ditomaso@dhhs.nh.gov)) .

The next RFP subcommittee meeting is on July 20<sup>th</sup>.

## **Direct Bill – Sandy Hunt**

This is a small subcommittee which just started to work on what provider direct billing will look like. As always you are more than welcome to join.

## Initial Goal

- Work towards enabling a provider agency that chooses to bill Medicaid directly.
- Establish process to allow this process within our current delivery system, although we do anticipate changes happening with conflict of interest work. Although we do not know what plans will look like in the future, we want to draft initial definitions.
  - There will be 3 agencies
    - Designated – area agency
    - Qualified agency (qualified to provide and bill Medicaid)
    - Certified agency (agency certified & provides services)

## Action items

- Develop provider manual that outlines requirements of a qualified agency.
- Develop oversight process to ensure compliance with state and federal regulations
- Develop BDS oversight process
  - BDS contracts with 10 area agencies, the area agencies have contracts to outline oversight of services/providers. If a provider direct bills then we need to develop process that outlines how qualified agency will meet contract obligations and then how this will be implemented.
- Develop process and resources for providers if they have questions regarding prior authorizations and if they have questions regarding the paperwork.

Next meeting not scheduled yet. If you are interested in participating, please sign up

### **Cost Allocation – Jonathan Routhier**

Workgroup members:

- Jennifer Doig
- Ellen McCahon
- Jonathan Routhier
- Alan Greene
- Joel Fitzpatrick
- Lenore Sciuto
- Tim Leach

Goals

- Establish method for rate setting
  - We need to consider all the functions that support service delivery
  - There are no specific reimbursement codes for many of the functions the area agencies provide
  - How do these functions fall into case management services, financial management services, or an organized health care delivery system
- Determine how to allocate costs to the various activities in order to support the development of appropriate rates Ensure each individual is getting services that they need and ensure services are being delivered to the individual.

Action Items

- We are starting to get traction on how to approach the rate method process to ensure that the system is based upon what is best for the individual and all the supporting functions the area agencies provide.
- Analyze financial information to determine where various costs belong (CM, FMS, OHCDs)

## **Workgroup schedule – Kaarla Weston**

We need your input, your talents; we would like you to be part of these workgroups. We welcome you to please sign up for our workgroups. But we would like commitment if you do sign onto be part of the workgroup that you try your best to attend the meetings.

Develop a template for the provider selection process and implement statewide.

- Liaison to assist: Ken Lindberg
- Next Meeting: Friday, July 6<sup>th</sup> @ 9:00AM at Community Bridges

Develop a provider agency outcomes report/probation process (submit to BDS)

- Liaison to assist: Jude Schultz
- Next Meeting: Friday, June 29<sup>th</sup> from 12:00 to 2:00 at BDS (Birch room)

Develop a process on what to do if there are no provider agencies available in the region.

- Liaison to assist: Kaarla Weston
- Next Meeting: Friday, June 29<sup>th</sup> @ 1:00PM at BDS (Lilac Room)

Financial Management Services and Organized Health Care Delivery Rate

- Liaison to assist: Kaarla Weston
- Next Meeting: Monday, July 16<sup>th</sup> @ 9:00AM – 10:30AM

Direct Bill

- BDS Rep: Sandy Hunt
- Next Meeting: TBD

Please either sign-up on the sheets provided today or send your information to Maureen DiTomaso ([maureen.ditomaso@dhhs.nh.gov](mailto:maureen.ditomaso@dhhs.nh.gov))

## **Questions**

Concerns were raised about the resources being developed for exemptions.

- Chris S – the exemptions are part of the template tools we are developing. We realize there are capacity issues in the state of NH. In some instances there will not be a separation of direct service and case management. There will be people who need the same case management agency and same provider agency. In those, the agency will need

to demonstrate the firewalls they have in place for separation. The issue of finding provider might be harder than finding case manager?

- Chris S – We need to separate out the roles of case management and determine what will remain with the area agency. We need to identify what does and area agency do that an independent case management agency doesn't do?
  - Example: Area agency case management make sure prior authorizations are done; determines if an individual has Medicaid, maintains waitlist,
  - Area agencies do not get reimbursed for intake.

Please clarify comment that area agencies cannot do case management?

- Sandy Hunt stated she misspoke at the meeting.
- An Area Agency's will continue to provide family support, intake and eligibility, so they need to have this capacity. . One area agency felt for services they wanted to be the provider of some services and they are working with an independent case management agency. Area agencies do not need to be a case management agency, they need to fulfill the functions of an area agency.. We've asked for meetings with the area agencies to find out how they handle all of the functions.

If provider agencies direct bill will they also take over responsibility for making sure individual has Medicaid?

- Yes, this is part of the work that is being conducted now The area agency is currently responsible, but if a provider agency directs bill, they will need to obtain the Prior Authorization and ensure an individual is open for Medicaid..

Have there been any discussions with CMS if individual wants to choose conflicted agency?

- CMS has said this is not an option we cannot give an agency a waiver for this. In addition He-M 517 states that home and community services can be denied if the Department cannot access federal dollars.

Who are the participants for the provider selection process workgroup?

- Sara Blaine; Sarah Aiken; Michelle Donovan; Pam Dushan; Ken Lindberg

Will consistency of monitoring services be taken into account with these changes to reduce administrative burden? Chris S – this is when you get into uniformity of practice, uniformity of forms, getting the same processes in place for providers

- Sandy Pelletier – work in progress by CSNI. Practices approved by all area agencies are sent to vendors. There is an effort underway. It is separate but connected to COI. Understanding between all area agencies is a real issue. We are trying to develop

uniformity. PPN involved. We are making some small steps forward. This information is on the CSNI website.

What communications are being done from all these subcommittees and workgroups so that the families understand? Families are concerned with disruption of services.

- Chris S – Yes, agreed we do want to make sure that information is being sent out, but be cautious of how information can be interpreted. Perhaps create a communications subcommittee. Sandy Hunt also goes to the Statewide Family Support Council Committee meetings, information could be shared that way as well. Jenn Pineo agreed to be on this committee, Chris will follow up.