

State of New Hampshire
 Department for Health and Human Services
 CAP Subcommittee: Provider Direct Billing and FMS/DAADS
 Rate Development subcommittees



Committee Members: Debra Craigue, Denise Doucette, Denise Nash, Diane Martines, Ellen McCahon, Erin Hall, Frank Lossani, Janet Bamburg, Jean Warner, Jerry Donovan, Joel Fitzpatrick, John Moran, Jonathan Routhier, Kenda Howell, Le'Ann Milinder, Mary Anne Wisell, Matt Corado, Maureen Rose-Julian, Michelle Donovan, Pam Dushan, Rae Tanquay, Sara Blaine, Sarah Aiken, Shelley Kelleher, Stephanie Patrick, Steven Monette, Sudip Adhikari, Suzanne Bagasharian, Tanya Hart Newkirk, Tim Leach, Victoria Hinton
DHHS STAFF: Deb Scheetz, Jen Doig, Sandy Hunt, Reba Aznive, Michelle Rosado, Jessica Gorton, Karen McLaughlin, Abby Conger, Wendi Aultman, Dee Dunn-Tierney, Kathy Gray, Kerri King, Jessica Kennedy

DATE: 7/17/20
 TIME: 10-12 pm

CONFERENCE LINE:
 LOCATION: Zoom Meeting

Minutes				
<i>Ground Rules: Please be present and actively engaged; please hibernate technology.</i>				
<i>Time</i>	<i>Topic</i>	<i>Category</i>	<i>Lead er(s)</i>	<i>Key Takeaways & Action Items</i>
10:00 - 10:10	Welcome, Agenda Review & Introductions		Jen Doig	
10:10 - 10:20	Review of CAP timeline	Discussion	Sandy Hunt	<ul style="list-style-type: none"> • The draft updated CAP timeline will be reviewed with both CAP subcommittees for stakeholder feedback. Feedback and reactions to the revised timeline will be taken into consideration for the final draft. • The overall timeline has not changed. Within the timeline some of the areas of compliance have had deadlines revised due to the pandemic. • Do you see any potential negative impact from the changes? (No feedback was received at this time) • Please submit any questions or concerns to Jessica Kennedy by next Monday 7/27 at 12:00 so we can review and consider with our partners at CMS. <p>Q- What will you do with the concerns? I am asking how will any concerns be addressed?</p>

			<p>A- It depends on what the concerns are. If you tell us what they are then we can figure out how to address it. We are trying to meet a requirement of CMS and more importantly to make sure that individuals and families have choices.</p> <p>Q- Will there be an extension of the Appendix K beyond February? A- We can't predict that. As a state we are constantly monitoring where our system is at and will take necessary action if or when it is needed.</p> <p>Q- What is the purpose of the cost allocation plan? A- It is part of the contract, there will be a new job number set up, when you send in an invoice it will be paid through the job number for Medicaid admin rates.</p> <p>Q- Who is on the quality group, and when does that team meet next? A- Not all of the areas of compliance have a specific subcommittee. There is not currently a subcommittee specific to quality because the other committees work touches on the areas of quality and they make recommendations relative to the different areas within quality.</p> <p>Q- Is the service coordination orientation being developed ensuring that service coordinators know how to help select a provider? Could you talk through what the service coordinator orientation will be like (at a high level)? Perhaps it might more aptly be named COI Orientation for Service Coordinators. A- Its not completed yet, it will be an overview to make sure service coordinators know how to navigate the new systems such as direct bill and provider selection.</p> <p>Q- Can you clarify whether all providers will be enrolled, whether or not they choose to bill directly? A- All providers that are providing Medicaid services will have to enroll as Medicaid Provider. It is the providers choice to decide if they want to directly bill Medicaid or they can choose not to and hire at their own cost a third party biller.</p> <p>Q- Will you be doing a "Fast Track" on applications? A- There will be 2 phases. Phase 1 this fall, there will be a training on how to enter and bill. Phase 2 further out, there will be training on how to enroll and the process.</p>
--	--	--	--

			<p>Q- So having everyone be a Medicaid provider will show CMS that the option is there? A- Correct.</p> <p>Q- Will area agencies that are already a Medicaid enrolled provider have to re-enroll? A- Yes. Currently there are 3 provider numbers (one for each waiver) moving forward there will only be one number.</p> <p>Q- What does the direct bill fee schedule look like what are the codes and reimbursement for services? A- Rates are close to being finalized.</p> <p>Q- What about rates for services? A- The rates will be in the service agreement, there will no longer be a budget template.</p> <p>Q- So are all rates set at this time? A- Rates have been set, we are still looking at everything to ensure there aren't any additional services that need to be added before finalization.</p> <ul style="list-style-type: none">• The remaining questions were submitted during the meeting, due to timing BDS did not get a chance to provide answers. The questions will be combined with any additional questions that are submitted to Jessica by 7/27 and will be answered and emailed to participants. <p>Q- How will the rates be determined (based on standardized assessment? team input?) and then assigned to each individual receiving services?</p> <p>Q- Has the rate schedule already been determined? If so, can we access it?</p> <p>Q- Will there be different service rates for people with different levels of need? How will be people be determined to have different levels of need?</p> <p>Q- How will individual total budgets be calculated and recorded?</p>
--	--	--	--

				<p>Q- So the vendor agencies that choose to direct bill will manage Service Authorizations/PAs?</p> <p>Q- What about ICM needing to re-enroll as we only have one Medicaid rate but under CFI?</p> <p>Q- How will families be notified of changes in their budgets?</p> <p>Q- Were vendor agencies involved in determining service rates?</p>
10:20 - 10:30	What has been done since last meeting - Direct Billing, Reporting, & SA in MMIS; EVV	Discussion	Jen Doig, Kerri King	<ul style="list-style-type: none"> For Direct Billing There will be 2 phases. <ul style="list-style-type: none"> 1 this fall, there will be a training on how to enter and bill 2 will be further out, there will be training on how to enroll and the process.
10:30 - 11:10	Update status of DAADS document & discuss EI "DAADS" rate.	Discussion	Jen Doig & Group	<ul style="list-style-type: none"> DAADS document is being looked at internally and with Ellen. Once the case management scope is finalized we will compare with DAADS and remove duplicates that are CM tasks.
11:10 - 11:30	Next Round of Modeling	Discussion	Jen	<ul style="list-style-type: none"> One round of modeling was done. For the next round we will pick a few providers and a few area agencies to model. Likely to go back 3 years.
11:30 - 11:55	<p>DRAFT CM Scope of Services (attached to invite) - Subcommittee feedback Q's: From Pam – R9</p> <ul style="list-style-type: none"> 24/7 on call Who has responsibility to train the Case Management 	Discussion	Sandy Hunt, Wend i Aultman	<ul style="list-style-type: none"> This is the first draft version. There may be tasks that aren't addressed that are done, looking for feedback. Ongoing conversation on unbundling the DAADS functions. Submit questions or any areas of concern to Jessica by 7/27. <p><u>Comments from attendees during walk through of the draft CM scope of services</u></p> <p>Tab 2 - Annual LOC</p> <p>That would be by who is billing. As an ICM we do and then send to AA.</p> <p>Who sends BDS the assessment?</p> <p>There needs to be a distinction in language.</p>

<p>agency/provider ?</p> <ul style="list-style-type: none"> • Oversight, participation in the local & statewide Risk Management Committees • ITS Programs – CM or AA oversight • HRST support/HRST Administrator – CM or AA? I believe this should be the AA • Is the AA involved in the discharge planning for individuals changing CM's <p>From Erin Hall – BIA</p> <p>I agree with Pam's questions above and would like to add:</p> <ul style="list-style-type: none"> • Initial care plan – who is 			<p>ILOC done initially to determine eligibility.</p> <p>Comprehensive assessments. All direct activities.</p> <p>We agree with and the mea as the basis.</p> <p>We at times can be there at the initial if we are already working with the person.</p> <p>I agree.</p> <p>Tab 2 - Plan</p> <ul style="list-style-type: none"> • Internal policy procedures may have areas that relate to some of these areas <p>Does case closure also include closure due to death? SCs have to do mortality notifications/reports/sentinel events, etc. They also often assist families after the fact with end of life plans.</p> <p>Submitting to the state for any of these documents will need to be flushed out. Depending on the AA depends on who does some of the closures.</p> <p>We do have to provide copies of the plan</p> <ul style="list-style-type: none"> • Copies of care plan - nothing is checked, need to look further into this. Every aa does it different. Another reason why we are defining it on these task lists. <p>We have further expectations of our cm's that isn't included on here, is that just something we do?</p> <ul style="list-style-type: none"> • Are these things that are in the job descriptions or are staff wearing multiple hats? What is an example of why a cm would drive someone? <p>Anything they need to get to when there is no other transportation available. Bank, groceries, to see family, work, etc.</p> <p>CFI does not transport.</p>
--	--	--	---

	<p>responsible – as an ICM Agency we receive an initial ISA/Care Plan for the AA when we receive a new individual?</p>		<p>Federal guidelines have specific limitations, recommend looking at the specific language.</p> <ul style="list-style-type: none"> • Need to create a Federal Guidance crosswalk. • Need to discuss with TA, Jessica will follow up. <p>Tab 2 - Refer</p> <ul style="list-style-type: none"> • Diversion activities. We may do this but it is not outlined for agencies, we may need to revisit the DAADS sub functions. <p>We are asked to do this all the time.</p> <p>CFI does this all the time.</p> <p>SC assist for planning of least restrictive placement.</p> <p>Same in R5.</p> <p>It is included in the service agreement.</p> <p>It is critical that this is articulated well.</p> <p>What does non-waiver and/or community resources mean?</p> <ul style="list-style-type: none"> • Food stamps, TANF, any application processes <p>I think it is easier for CFI just due to the program.</p> <p>We assist people with this.</p> <p>The CFI services are mostly separate and distinct from state plan services. CFI CM are responsible to ensure appropriate Payor.</p> <p>Can you define indirect in this context?</p> <ul style="list-style-type: none"> • Column B represents Guidehouse’s categorization of whether the activity is considered a direct (e.g. activity directly involves the participant, guardian, or
--	--	--	---

			<p>legal representative via face-to-face meeting or telephonic/remote contact) or indirect (e.g., activity involves caregivers, natural supports, other clinical professionals) activity.</p> <p>Should “support” activities be added like travel?</p> <ul style="list-style-type: none"> • It is part of the conversation on where this falls. <p>Probably not needed until we get into costing out the function.</p> <p>That would be by who is billing. As an ICM we do and then send to AA.</p> <p>CFI is the MEA for level of care correct?</p> <ul style="list-style-type: none"> • Yes it is, in CM capacity now <p>Each AA does it differently so as an ICM we need to make keep it straight</p> <p>Same for MDS service coordinator</p> <p>We do that also. IF we don't we need to make sure someone will.</p> <p>Tab 2 Monitor -</p> <ul style="list-style-type: none"> • Goes along with who's on call 24/7 • What does the HCBS technical guide say - check and follow up <p>It is not a written requirement.</p> <p>What if something happens and someone has an emergency?</p> <ul style="list-style-type: none"> • Should we change language from “provide” to “support”? • Bring this to TA. <p>We do.</p> <p>Ours do!</p> <p>We do in reg 7.</p>
--	--	--	---

			<p>Region 2 does it.</p> <p>R 5 too.</p> <p>Both formally and informally.</p> <ul style="list-style-type: none">• Is there a theme around advocacy to be considered? <p>Deb, Sandy, Jen and Wendi: it's clear you have all been working hard to keep these processes moving to meet CMS deadlines. Not easy given COVID pandemic and all of the other competing demands on your time. Appreciate the review of all of this and the time to digest and provide feedback on the revised timelines. It's a tough balance between needing to hit deadlines and allowing for true stakeholder input.</p> <p>We as well as other CFI agencies cover 24/7 where/when needed.</p> <ul style="list-style-type: none">• Please review the document and submit your feedback.• There are two different approaches we can take to finishing the document - Follow up meeting with either a smaller group or continue with this larger group? Would a smaller group be able to make more progress working toward the end goal of having definitions? <p>Comments - Yes, thank you.</p> <p>Sounds good.</p> <p>Yes, that's fine.</p> <p>I agree. Will the written comments be shared?</p> <p>I would be happy to join as well (Mary Anne).</p> <p>Happy to participate GCM would be happy to join as Thanks Deb, Sandy, Jen and Wendi for all the hard work!</p>
--	--	--	---

				<p>Someone from Reg 4 will join, we will figure out who and let you know. Thanks for all of your hard work.</p> <p>We will have someone from region 8.</p>
<p>11:55 - 12:00</p>	<p>Closing</p> <ul style="list-style-type: none"> • Next Committee Meeting: August 21, 2020 <p>Location: Zoom or Main Building Tom Fox Chapel - TBD</p> <p>Action Items & Next Steps</p>	<p>Discussion</p>		<p>Action Items</p> <ul style="list-style-type: none"> • Committee members will review both documents and submit any feedback, questions or concerns to Jessica Kennedy by Monday 7/22 at 12:00. • Look into “Copies of care plan”, none were checked off. • Federal guidelines have specific limitations, recommend looking at the specific language. <ul style="list-style-type: none"> ○ Need to create a Federal Guidance crosswalk. ○ Need to discuss with TA, Jessica will follow up. • Check on what the HCBS technical guide says regarding 24/7 on call and follow up • Should we change the language from “provide” to “support”? <ul style="list-style-type: none"> ○ Bring this to TA. • Jessica add Erin Hall and Sandrine to the smaller follow up group on definitions.