

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



Committee Members: Ann Potoczak, Ann-Marie Miller, Carolyn Virtue, Diane Martines, Ellen McCahon, Jean Warner, Joel Fitzpatrick, Jonathan Routhier, Kerry Pfrimmer, Mary Anne Wisell, Maureen Rose-Julian, Michelle Donovan, Sandrine Iyizire, Sara Blaine, Shelley Kelleher, Stephanie Patrick, Sudip Adhikari, Tom Harrington
DHHS STAFF: Sandy Hunt, Jen Doig, Laurie Vachon, Kaarla Weston, Kathy Gray & Jessica Kennedy

DATE: 11/15/19
 TIME: 10-12 pm

CONFERENCE LINE:
 LOCATION: Main Building Tom Fox Chapel

Minutes

Ground Rules: Please be present and actively engaged; please hibernate technology.

<i>Time</i>	<i>Topic</i>	<i>Category</i>	<i>Leader(s)</i>	<i>Key Takeaways & Action Items</i>
10:00-10:10	Welcome, Agenda Review & Introductions		Jen Doig	<ul style="list-style-type: none"> The Provider Direct Billing and the FMS/DAADS Rate Development subcommittees have been combined and will meet together moving forward
10:10 - 10:50	<p>Report out of Family Support items to add to DAADS functional listing from Sue B (combined from R6, R7 & R9): In the DAADS function document:</p> <p>In section 4: Assist with benefit management- Add</p> <ul style="list-style-type: none"> Benefit planning (Medicaid, Guardianship, SSI, STABLE Accounts) <p>In section 18 : External case management - Add</p> <ul style="list-style-type: none"> Monthly monitoring of billable activities, Communication and direct training on process changes, trainings, and regulatory memo's. <p>In section 21: Legal counsel- Add</p>	Discussion	Diane & Tim	<ul style="list-style-type: none"> Review of Stephanie's redline document questions What is a part C Service, should it be part of it? <ul style="list-style-type: none"> It was added here because not all agencies determine eligibility Part C funds support entitled services Part C funds cannot be placed under DAADS Ellen recommended separating the document into individual DAADS documents for each waiver <ul style="list-style-type: none"> Jen and Jess will work to break ESS out from the document FSS case management needs to be defined FS case management can't always be billed, if there is no Medicaid there is no way to bill FSS was not part of the build up BEAS is changing rules and language in waivers to have targeted CM billed under waiver service instead of a state planned service <ul style="list-style-type: none"> BDS CM is billed through waivers

	<ul style="list-style-type: none"> • Collaboration and coordination with Juvenile Justice and DCYF • Support of legal proceedings (court) <p>Under additional functions exclusively for Family Support-Add</p> <ul style="list-style-type: none"> • Participation in Family Support Monthly Director Meetings • Transition planning includes: • Attending School Meetings • Service selection • Waitlist preparation <p>The state contract funding for Family Support will need to be reviewed as part of this process, as the funding amount does not cover the expenses associated with performing the associated tasks.</p> <p>From Diane M: We have a concern with the bullet under transitions that says attend school meetings. We cannot attend all school meetings we do not have enough staff and there are too many meetings. I suggest it say prepare and support families for school meetings as needed....</p> <p>From Stephanie: (also see attached DAADS document with her edits)</p>			<ul style="list-style-type: none"> ○ Targeted CM by definition can't be provided for anyone that isn't Medicaid eligible as defined by CMS <ul style="list-style-type: none"> • Case managers spend significant amounts of time supporting the family of the individuals, driven by the needs of the family • Concern is the loss of services for individuals that are not Medicaid eligible if agencies can't bill for it • Case management rates should fall under service delivery rates <p>OHCDs</p> <ul style="list-style-type: none"> • Jen created a draft document to explain OHCDs (working document for discussion purposes) • TA clarified that OHCDs is a function of a larger system • Federal guidelines provide the rules, it's the state's job to define <ul style="list-style-type: none"> ○ Other states use different language • TA has advised that OHCDs is centered around the billing system. • There will be a new provider code for developmental disability • Area agencies are the only ones that will be OHCDs (private providers will not be OHCDs)
10:50-11:30	For the Friday workgroup, we are hopeful that BDS can:	Discussion		<ul style="list-style-type: none"> • The area agency system was created to designate agencies to do functions on behalf of the state

	<ul style="list-style-type: none"> • Articulate what the OHCDS functions are. We have heard that they are the “pass through” functions; we have also heard that they are the DAADS functions and/or a subset of the DAADS functions; we have heard that they are when an entity bills on behalf of a provider, but billing is not reimbursable (e.g. providers who start direct billing will not get paid more). <ul style="list-style-type: none"> ○ Related to OHCDS: Confirm that PAs will be managed by the AAs. This will inform the DAADS rate. • Provide BDS approval on the FMS document so we can use that document for the next draft of FMS rates. 			<ul style="list-style-type: none"> • Area agencies will decide what services they provide • Area agencies and PA’s - BDS is working with TA to find out how it will work in MMIS and how to operationalize it <ul style="list-style-type: none"> ○ Who takes the liability in the instance of error?
11:30 - 11:40	FMS Functions Document: <ul style="list-style-type: none"> • Any Additional Questions? 	Discussion		<ul style="list-style-type: none"> • FMS document is done, there were a few functions added. Billing and Intake were being added
11:40 - 11:55	DAADS Functions: <ul style="list-style-type: none"> • Any additional Questions? 	Discussion		Questions/Comments <ul style="list-style-type: none"> • Will the new rates be applied to previous contracts? • Concern that new rates aren’t going to align with current budgets for businesses • When direct billing starts vendors can bill but area agencies still have QI responsibility

				<ul style="list-style-type: none"> ○ Rules need to change to add “authority of the state” because there will not be a contract with providers that directly bill Medicaid ○ Should there be language in the application that states that providers are required to cooperate with all state and federal entities?
11:55 - 12:00	<p>Closing</p> <ul style="list-style-type: none"> • Next Committee Meeting: Dec 20, 2019 Location: Main Building Tom Fox Chapel <p>Action Items & Next Steps</p>	Discussion		<ul style="list-style-type: none"> • Separate ESS and FSS documents