

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



DATE: 12/20/19
 TIME: 10-12 pm

CONFERENCE LINE:
 LOCATION: Main Building Tom Fox Chapel

Committee Members: Ann Potoczak, Ann-Marie Miller, Deborah DeScenza, Frank Lossani, Kenda Howell, Le'Ann Milinder, Maureen Rose-Julian, Sandrine Iyizire, Sarah Aiken, Stephanie Patrick, Sudip Adhikari, Shelley Kelleher, Diane Martines, Jean Warner, Sara Blaine, Suzanne Bagdasarian, Chris Bertoncini, Michelle Donovan, Erin Hall
DHHS STAFF: Deb Scheetz, Jen Doig, Sandy Hunt, Laurie Vachon, Kaarla Weston, Kathy Gray & Jessica Kennedy

Agenda				
<i>Ground Rules: Please be present and actively engaged; please hibernate technology.</i>				
<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	
10:10 - 10:20	Direct vs Indirect Document Questions	Discussion		<p>A direct vs indirect costs document was created at the request on business managers during previous meetings for definitions for direct, indirect. Includes input from TA</p> <ul style="list-style-type: none"> • Direct (Ex; day services), • Indirect (Ex; NH Dept of Admin Services) • Allocation methods- people based (positions) transaction based (copiers used with a code), time based (time study) • DAADS is administrative overhead. FMS is direct and indirect, CM is direct and indirect, Service Rates are direct and indirect
10:20-11:00	Case Management Tasks	Discussion		<ul style="list-style-type: none"> • Meetings have been focused on DAADS and FMS, then FCESS. Planned to get to CM fourth but will need to be expedited due to HB4 • Case management is being pushed up 3-4 weeks from original timeline • Worked with TA to determine what types of CM there are and what are the roles of the case managers • Need to collectively create one high level overview document with a scope for case management that can be shared with HB4 committee

			<ul style="list-style-type: none"> • Under the CAP case management is a service provided by an enrolled provider • Goal to have as many qualified providers enrolled to provide options for individuals to choose from and ensure there is quality case management available across the State of New Hampshire. It is essential to provide choice and quality <p>Committee discussion of outline scope and duties of Case Manager (also referred to as Service Coordinator)</p> <ul style="list-style-type: none"> • Draft SC/CM Duties and Scope document provided for discussion and feedback • Statute handout - law and rule language outlines what statute says and the rules that we operate under • Current contracts have language that is not in here <ul style="list-style-type: none"> ○ Appendix A - relative to sc provision is for 365/24/7 • Asked AAs for their job descriptions of CM/sc to discuss how it is currently operationalized <ul style="list-style-type: none"> ○ Draft created for discussion, cross walked against sjd ○ What has been overlooked and what needs to be added moving forward? We need to create rates, this exercise is to be open and give opportunity for input • Discussion is the first pass at CM functions from the “short list”, discuss and provide feedback from the committee • Unpacking case management line by line to define the role of CM consistently across waivers <p>SC/CM Duties Draft document discussion notes -</p> <p>Bullet # 1 - Person centered planning activities</p> <ul style="list-style-type: none"> • When new to service, after intake who is responsible for the ISA? opening HRST? Should this be called out in number 1 under Eligibility? <p>Bullet # 2 - Service agreement</p> <ul style="list-style-type: none"> • CFI definition on next page bullet 6.
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			<p>Vocabulary differences between systems, definitions are needed (CFI calls risk management plans)</p> <ul style="list-style-type: none"> • Charting the lifecourse- SC/CM function, all in agreement. Suggest adding to job descriptions since the service is provided <ul style="list-style-type: none"> ○ Missing gap- HRST tool is not PCP or CtLC friendly, ○ Anyone delivering CM services needs to be qualified and trained in charting the lifecourse, critical to putting individuals needs and wants first • What kind of assessments do CMs do? <ul style="list-style-type: none"> ○ Health history - gathering information (not assessment?) ○ Functional screen, has to match the service agreement ○ HRST (some do in combination with nurse depending on the needs) initial round can be done at the CM level. Is this a provider service if a nurse has to sign off on it? ○ Kenda and Maureen will send Deb an email explaining assessment in more detail • Refer to page 51 for formal vs informal assessment <ul style="list-style-type: none"> ○ Should this be outlined? Conversations are assessments when checking in and asking how are things going? Noticing when someone has lost/gained weight, etc. <p>*Move continuous evaluation up 9th to under 2nd bullet</p> <p>4th bullet- List of documentation</p> <ul style="list-style-type: none"> • Committee members to send Deb their Standardized checklist of documentation. Moving forward, this should be consistent across all waivers. • Does checklist include ensuring Medicaid eligibility? (in CFI it is done by case managers) • Need to make sure it is not left to the individual to have to do, the case manager needs to take care of and document in case note • The responsibility needs to be clarified (on the checklist it should ask if redetermination is coming up) and be uniform across all HCBC waivers. • Identify what CM function has been doing as Authorized Rep and Rep Payee <ul style="list-style-type: none"> ○ Add to vocabulary rep payee and authorized rep
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				<ul style="list-style-type: none"> ○ Authorized rep has varied meaning based on permissions. Does not support part D. Rep payee duties are specified by Medicaid. Manages social security. • The case manager is the facilitator of benefits, including any communication with all necessary parties <p>Bullet #5 - Identify behavioral intervention needs</p> <ul style="list-style-type: none"> • Define SSL services <p>Bullet #6- Linking to CMHCs, substance abuse, other services</p> <ul style="list-style-type: none"> • CM - assurance of the rights of the individual <p>Bullet #7- Facilitate beginning to end</p> <ul style="list-style-type: none"> • Add bullet? When outside of service, (DRF, ER, etc) there is a reduction of case manager involvement, CM role should not lapse and should be active and involved • **Remove “beginning to end”, add the word “choice” <p>Bullet #8- Evaluate, monitor, review</p> <ul style="list-style-type: none"> • Clarification on mandate when individual is transitioning case managers • In CFI capacity is the only reason to deny a case in rotation • In the current system, an AA has to make sure an individual is served- in DAADS rate it falls under AA responsibility to make sure <p>Bullet #9- Knowledge and compliance with federal regulations</p> <ul style="list-style-type: none"> • Include Federal and add state? • sub assurances include ISA <p>Bullet #10- Maintain productivity</p> <ul style="list-style-type: none"> • **Change “productivity expectations” to “outcomes”, add “and regulations” <p>Bullets #10,11,12-</p> <ul style="list-style-type: none"> • Maintain, demonstrate and attend bullets pulled out - sound more like job description
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				<p>Bullet #13- On call</p> <ul style="list-style-type: none"> • Must be available 365, 24/7 <p>AA is responsible for a sentinel event but in a crisis the CM agency is better equipped for 24/7 support, individual has a relationship with case manager</p> <ul style="list-style-type: none"> ○ Policy & document for case management agency on call? <ul style="list-style-type: none"> • Contractor shall contact the bureau within 24/7 • The decision on who is responsible needs to be clear to the individual and family, cannot be complicated for them, no wrong door, need to create a list of situations we take calls on off hours and break into responsibility - AA, case manager, provider? Send Deb list of situations • Define expectations for on call. Families need one number - paid parties should determine the next steps • Current systems are working, communication is there and transparent • Community Inclusion and employment are critical and need to be part of dialogue and added to CM role **Pull dialogue from 60 and 61
11:00 - 11:55	DAADS Functions Document with FCESS taken out.	Discussion		<ul style="list-style-type: none"> • Will be sent electronically, provide feedback to Jen
11:55 - 12:00	<p>Closing</p> <ul style="list-style-type: none"> • Next Committee Meeting: Jan 17, 2020 <p>Location: Main Building Tom Fox Chapel</p> <p>Action Items & Next Steps</p>	Discussion		<p>Action items</p> <ul style="list-style-type: none"> • Request to have agenda distributed prior to meeting • Committee members to send Deb their Standardized checklist of documentation • Erin, Maureen and Jean - list of CM tasks • Kenda and Maureen will send Deb an email explaining assessment in more detail • List of situations of on call types of calls from families that go to AAs, CM and providers • Provider side of HRST • Provide feedback on DAADS functions doc - Jan 6 delivery to Jen