

SRS/CDDO Management Meeting

April 2008

Notes

Attendees: Sign In Sheet was passed around room (SRS possesses)

**Working Healthy WORK Program** - Implications on CDDO Functions/oversight:

Mary Ellen Wright and Nancy Scott did a Working Healthy WORK Program overview. Several questions were raised regarding the WORK program. There is a prohibition against billing for both ILC services and Targeted Case Management services. The Quality Assurance process was discussed. The Quality Assurance functions will be picked completed through an internal process in the WORK program. If a person has an ILC, the expectation is the ILC will report problem areas.

Mary Ellen said that TCM providers can be IL Counselors, yes. The WORK program was designed to allow that to occur, but the kind of services provided is the same. The rate for a 15 minute unit of ILC services is \$10.60. The plan is to develop a training program for the ILCs. Once the training program is created, the ILCs will be required to go through the training. We cannot bill both TCM and ILC when a person is already enrolled in the WORK program, but we could bill for WORK ILC services. The only exception is that mental health TCM takes precedence over other types of Case Management and people in the MH system may have a MH TCM provider and a WORK ILC. Margaret Zillinger clarified that CMS said a person can have only one Case Manager, however CSS has not enforced that regulation. CSS is waiting to see whether the moratorium on the federal regulations currently before Congress come down before enforcing. At this time, a person can have a MH Case Manager and a MR/DD Case Manager and both can bill.

**BASIS** - For individuals who are receiving WORK we currently close out day and/or residential. Greg Wintle said to close their direct services, but some of these folks may be on the waiting list for HCBS services, so we don't want to close down the BASIS. If for some reason the WORK program wouldn't work out, we are their safety net and allow the people to return to their HCBS services or their previous place on waiting list. For now, leave the TCM open, but do not bill as TCM services. The funding code should be changed to 7. They would still need to have their BASIS completed annually. If someone comes in for services and is referred to the WORK program, they should still be determined eligible for MR/DD services and then put on the waiting list.

For someone who is in the WORK program, they give up all their waiver services. A person can't be on the waiver and receive WORK. Can a person be on SGF Funding and receive WORK services, WORK doesn't have any type of regulations for SGF. Greg feels for those who receive SGF - we need to consider what the person is receiving through the WORK program and the SGF

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may be able to supplement the services they are needing, but SGF should not replicate the services. WORK program services cannot be in a provider controlled setting.

There was discussion about the weak communication link that exists in letting the CDDOs know if a person is on the WORK program. Greg said the notices are going to him and he is calling the CDDOs to let them know a person is going on the WORK program.

If person enters into the WORK program and they haven't had eligibility determined, the benefit specialist from the WORK program should make sure the individual knows all their options. WORK is not to be a back-door into MR/DD services. If a person applies for MR/DD services and the person intends to go directly into the WORK program and we determine them eligible, we would put them in the MR/DD system as waiting.

Mary Ellen Wright and Nancy Scott are willing to come to the local areas and do a presentation about the WORK program.

### **Systems Issues for Prior Authorization** - Ramona Macek/Greg Wintle

It was reported by Ramona Macek, there are problems in the changes in client obligations. When the provider bills and if the client obligations are not correct it gets kicked out, which results in a new 45 day cycle. One suggestion was for SRS to directly notify the CDDO of client obligations and then the CDDO will notify the appropriate affiliate. On client obligation it would be best to have the obligation change in the system, but in the meantime, it would be good if EDS could provide a report to the CDDOs the problem could be eliminated.

Another issue discussed is the LTC code in the system to get claims paid. Greg offered to have Sandy give priority to these POCs with the 45 day requests. Margaret will follow up on this.

Some of the issues in determination of client obligation and coding may be a result of staffing issues in the region (SRS staffing freeze).

CDDO Administration - Close out of CDDO Admin for FY 2008 and payment of 1st quarter for FY 2009 - Mary Rose Sudbeck

CDDOs have until July 20th to close out the 4th quarter. They would then have opportunities at the end of the 1st quarter in FY 2009 to make adjustments to the FY 2008 4th quarter report and any adjustments would be made from there.

Plans to discuss how to handle CDDO Admin costs in FY 2009 at Contract Negotiation sessions. Look specifically at Section 16 of the contract in

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the section for unexpended funds. Margaret and Greg will be meeting with Operations staff to make sure there are no more changes in how CDDO administration will be paid.

**Challenging Behavior Services:** Observations from SRS's review of Wisconsin's approach? - Chad VonAhnen and Marsha Dill/Margaret Zillinger  
Chad gave an overview of their trip to Wisconsin to view their challenging behavior approach. Learned the following three elements: Pre-Crisis Planning (Behavioral specialists who could work with providers, families, schools, etc.) and Intervention Services; Relationship with Mental Health; and a Safe-House setting. Wisconsin has been doing this for 20 years. Sedgwick County is working on developing something similar to this. Sedgwick CDDO has had questions about what we can do locally and whether they create a Safe-House setting where they will could possibly have issues with SRS. They are pursuing funding for a Behavioral Specialist/Psychologist and Safe House.

Questions about Safe House and issues they might have with SRS, including issues with guardianship. In Sedgwick county it would be totally a county based system. Margaret has been looking at this from the state level - reviewing the waiver funding and how to be more flexible for a short period of time (i.e. special tier for short period of time, flexibility with the tiers). Margaret feels there is more flexibility in the HCBS/MR waiver that we may be able to use. Wisconsin staffed an individual 2 on 1 at all times and the person was living in his own home. In Wisconsin, crisis placement use in-house temporary placement in their MH hospitals, in very few cases the MR hospitals. Google - Community Ties Waisman for more information on the program in Wisconsin.

There were BASIS related questions on sexually inappropriate behavior and behavioral issues and Margaret said the systems transformation grant will have an RFP going out in the near future to study the assessment tool by an independent source to look at the gaps and determine if it is meeting the needs. This RFP is to identify how to make the assessment tools better, which might include a supplement for challenging behaviors which require intensive supports. Whoever gets the RFP will have to look at how other states are handling this situation. The extraordinary funds are a finite fund. Margaret felt creating an addendum to the DDP now would take just as long as to have the RFP completed and recommendations made. Once the recommendations are received, then CSS will meet with the stakeholders to discuss the outcome. Complete work by October/November 2008 and task group will begin working on recommendations. For now Greg encouraged people to apply for extraordinary funding.

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It was mentioned the intensity of supports received are minimizing the behaviors. The largest problem is the individuals who have had increases in staffing supports which results in decreases in behaviors and a decrease in the reimbursement rate. Greg was asked if some of the questions have more weight than others and he said one is an informational question with no weight, but all the other questions have some weight to them. We discussed the interpretations which have been discussed at the BASIS Roundtable meetings and asked if they are written or passed down. Greg indicated the BASIS interpretations are collected and then posted on the website link in the workgroup section and last week's notes are not posted yet because they have not been received yet. A question was asked about how quickly decisions made at the round table meetings need to be implemented. Some felt there should be some lead time so the providers and families can be informed, however there was no answer provided.

Update on the Rate Study - Colin McKenney / Margaret Zillinger

The rate study will be ready for release on May 9th . There was a delay and the deputy secretary needed to review it. Once released, CSS will set up a meeting with the CDDOs to review it.

**MFP** - Brief update followed by questions from the room - Angie Reinking  
Angie Reinking provided an overview of MFP. It is a 5 year federal grant designed to transition people from the institutional settings into the community. Currently the Start Up Funds are going directly to the chosen provider instead of to the person. The plan is for the start up money to go directly to the person, instead of to their chosen provider. Margaret said CMS has made this program very structured. The old CIP manual is being revised to a Community Living program which will include MFP. Any codes in BASIS that refer to CIP would transfer to MFP. Greg indicated the start up funds don't necessarily need to go to the service provider, and it speeds up the process for it to go to the CDDO. For start up funds, affiliation must be established with Sedgwick County CDDO at this time. MFP is scheduled to be implemented on July 1, 2008.

**Family Support Waiver** - Colin McKenney and Carolee Minor/Greg Wintle & Margaret Zillinger

At the previous meeting, Colin was approved to explore the viability of the development of the Family Support Waiver for children in Kansas (ages 5 to age of majority). The workgroup felt it was a viable option. The workgroup is wanting to do a survey of the families to determine if they feel it would be useful to them and what they hope to get out of this waiver service. The CDDOs agreed to participate in the data collection process (survey). The survey could be sent to a sampling of eligible families by each CDDO. A draft of survey will be ready to review by the first contract negotiation date. The sampling would be taken from all

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children 5 to age of majority and would not funding specific.

Waiver Provider Manuals - Greg Wintle

Greg shared that the revised copy of the HCBS MR/DD handbook is on the website now. The Medicaid Provider Manuals will be available no later than May 15th on the KMAP site. The revisions for Respite Medicaid provider manuals might be available sooner. When there are changes in the services they are effective the date they are published in the Medicaid Provider Manual on the KMAP website, not the day they are published in the Handbook. The handbook is just a supplement to the provider manuals. If audited, we are accountable to the Medicaid Provider Manual on the KMAP website.

### **CDDO Review Reports - Brian Bolen**

Brian proposed CSS publish the CDDO Peer Review findings by CDDO on the website. These reports become public documents when they are sent to the CDDO. Some CDDOs have asked for the reports to be published. The report would have the CDDO's corrective action plans. Each CDDO should send Brian their comments on posting the findings on the website.

### **TCM - Mary Ann Keating / Brian Bolen**

It was asked if capping the hours was still necessary. Brian said we are projected to underspend this year, but overspend next year. There have been 35 requests received at an average of 105 units approved from January 1, 2008 to April 29, 2008. Brian tries to be consistent in how he approves the prior authorizations. We are currently billing 8100 persons per month, with average utilization \$193 per person/per month. Brian feels the cap is still necessary. In the past there have been some providers who were way above the statewide average. He has not denied any prior authorization request yet. He feels it is necessary to keep the cap because it is the responsible thing to do. Since we are projected to be overspent in 2009, Margaret doesn't feel that KHPA would allow us to lift the cap.

Margaret said CSS is in the process of doing a cost study on case management again. This will cover all Case Management (ACIL/TA, MR/DD, PD, MH, etc.). Margaret met with Ray Dalton yesterday and is moving forward with this, however she doesn't know how quickly that will be done.

It is planned that the RFP would review all the type of services and take into consideration the required regulations for each service when determining rates..

Reimbursement for all TCM providers is the same across the state, except MH which is higher. The qualification of the provider are looked at when

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determining the rate.

Prior authorization request are now handled by an email and the instructions are on the website.

It was mentioned that TCM and Positive Behavior Support had the same provider number/procedure code, meaning that if someone is receiving TCM and PBS services it is billed through the TCM service so it is also using the units at this time so you could run out sooner. Michael Brinker is working on changes that will remove the CDDO from the process of a provider getting paid for PBS - currently the funds are going to the CDDO and the CDDO is having to pay it out.

### **Abuse, Neglect and Exploitation** (Contractual Issues ) Update - Maury Thompson

Brian and Amy have been working with Child Protective Services (CPS) and Adult Protective Services (APS). SRS legal and APS have determined information should not be released to the CDDOs because they are not the Provider of the service. The information should be released to the provider. APS has provided this guidance to their regional staff. The CDDO's could add to their affiliate agreement with the service providers the requirement for any calls reported to CPS or APS also be reported to the CDDO. APS cannot get us the information and the statute limits who has the information.

The quarterly meeting between the CDDO and the PI and/or QA staff could be the access point for the CDDO staff to review with the PI and/or QA staff whether a provider is making reports to APS and how they are being resolved. CSS said they don't get a closure on every report. Margaret said CSS staff can begin having conversations with APS and let them know the CDDOs are uncomfortable with not having this information or else CSS needs to clarify the CDDO's responsibility for following up on corrective action. CPS will notify the provider on an as needed basis, but that is very limited. PI/QA staff may not even know. CSS is not provided with names of children, so CSS is providing CPS with a list of names of children on the waiver to compare back to their list. Margaret will review the regulations to provide clarification.

### **Update on BASIS** - Maury Thompson

The current issues with BASIS are of a technical nature in that to resume testing with the 5 pilot sites, it has to get up on a Citrix server. That hasn't happened yet, and CSS is in line for the technical assistance to get the information put on Citrix. There is much internal testing occurring to increase their confidence level in the new BASIS. There have

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been changes in the contractor which will cause additional delays. The Deputy Secretary is assured that this will be addressed. The same company is involved, however there has been some turnover in staff. Greg and Margaret meet with SRS IT staff on a regular basis now and they are trying to move it along. There are no timelines yet and the new BASIS will not be used for this year's snapshot. The next step would be to get the enhancement workgroup together and finish the services section and review/finalize the manual.

### **Respite for Children In and Out of Custody** - Affiliate of SE KS CDDO

A question was asked whether a child in SRS custody needs to be in a licensed home to receive respite care. The MR/DD system says they don't, but if they are in SRS Custody, their criteria says they need to be in respite. Greg said the waiver amendments have described settings where overnight respite could be provided and added a setting which can be the person's home. For the waiver - there is no prohibition on where respite services can be provided to children in custody. Any questions about the children in custody needs to be directed to Child and Welfare Contractors (The Farm, SFA, Kaw Valley, Youthville, etc.). It is up to the Children and Family Services division to make that determination.

### **Update on ACIL/TA Waiver Merger** - Margaret Zillinger

This merger is proceeding and implementation planned for July or the first part of August, 2008. As far as the MR/DD population, CSS will be sending a memo describing what their options are and how to work with children in these programs.

For children who are not in custody, but living out of the family home, those children receive HCBS funding for residential services. There are 8 children in the state who are receiving ACIL services and HCBS Res Services. These children will move to the TA waiver for their services and then use an alternative funding stream for residential services (State funds, no federal match), but it cannot be HCBS Residential Services. SRS does not want to jeopardize the placement of these children.

If the children do transfer to the TA waiver, they will transfer back to the DD waiver when they age out of the TA waiver and they will receive services without being put on the waiting list.

There are about 85 individuals in the State who will need to choose ACIL/TA Waiver or HCBS MR/DD Waiver

### **Needs Assessments**

Greg reminded the CDDOs that a summary information needs to be submitted for the Needs Assessments for the random sampling by May 1st. When asked

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how the CDDOs should respond to parents/guardians who refuse to participate in the Needs Assessment, Greg said to use the service termination policy. He would consider this as a failure to apply for Medicaid - which equates to failure to complete the Needs assessment, failure to complete BASIS, etc.

**POC Changes For Children in SRS Custody**

If have information on POC Changes for Children in SRS Custody, that needs to be submitted within the next week. If nothing to report, send Greg a quick email to let him know that also.