

STATEWIDE FUNDING COMMITTEE 1/12/06

Members in attendance: Michele Johnson - Cottonwood, Sharon Spratt - Cottonwood, Janet Pfanenstiel - DSNWK, Cliff Sperry-CLASS, Doug Wisby – MCDS, Linda Parker- TRI-KO, Lori Feldkamp – BigLakes, Janice Denney- Riverside Resources, Inc., Sherry Arbuckle- SCDDO, Sharon Vogel – WCDDO, Rebecca Suter – SCDDO, Lorraine Harris – DPOK, Mieke Ellood – Reno County, Penny Parker – Cowley County, Anna Silva-Keith – New Beginnings, Gayle Thay – Flinthills Services, Earl McGinn – SDSI, Tim Arnold – JCDS, Dixie Williams – ASNEK, Sara Pearson – HDS, Joyce Koehn- Arrowhead West Inc., Linda Lock – BCDS, Doug Norris – Futures Unlimited, Ed Henry – Twin Valley, Donna White – TARC, Mary Rose Sudbeck – NCTS, John Platt – COF Training Services, Bill Fiscus – Tri-Valley, Peggy Shear – JCDS, Karla Gravenstein – JCDS, Trudy Hutchinson – Hetlinger, Bill Bush – Northview Developmental Services, Linda Misasi – CCL, Tami Shaw – CCL and Greg Wintle

Meeting called to order by Greg Wintle, he stated Maury and a few other members had a prior commitment and would not be in attendance until after lunch.

Case Management - Brian Bolen stated, Margaret Zillinger is sending out a memo to Executive Directors asking for volunteers to be involved in a work group to discuss the issues around Case Management. She would like this group to be in place and looking at the issues prior to contract discussions. Brian also reported 3 or 4 areas are reporting to HCP they have run out or will run out of certified match, so the problem is significant. Donna asked about the previous group that worked on casemanagement and if this group was being disbanded? Is there use for this previous group or is it done? Brian assumes this new group will take the place of the previous group.

Earl stated, that CDDO's did not receive the spreadsheets used by HCP to determine the TCM contractual figures and CDDO's still do not have correct numbers. Earl asked, is there some way we can get specifics on how the numbers were arrived at. Brian stated, Margaret will walk the new group through the spreadsheets. All CDDO's will get a copy of the corrected spreadsheets when they are completed; operation's staff is behind.

Doug asked if there had been any discussion about recoupment of TCM funds if not needed by the CDDO. Brian stated, if the funds are not needed they would be recouped. If the funds are needed for match and you have the funds committed, you will be fine. Doug stated his concern is it is difficult to commit these funds if you do not know if the funds will be needed. Brian stated, once we get CDDO's the revised projections you should be able to proceed with committing the funds.

Crisis Notification Spreadsheet for FY06 – Spreadsheets were distributed to the committee for review. Greg stated, the data submitted during the last few weeks is not included and the corrections submitted since the September meeting were made. Greg also stated there is one CDDO that is still submitting clean up for FY05 spreadsheets and as soon as it is submitted, he will revise and bring copies for the committee. Greg stated to email him if you find there are individuals not showing up on your report. Year to date crisis is costing \$711,974 more than our terminations. Donna asked if the Katrina evacuees reported from TARC are listed on the crisis report and Greg responded that they are included.

Waiting List progress – Gregg reported all but approximately \$25,000 has been committed. A few CDDO's reported they believe their numbers on the waiting list spreadsheet are inaccurate and will send Greg that information. Sherry asked if in fact the funds are available, would we be going back to the statewide waiting list and allocating the remaining \$25,000. Discussion occurred we should stop

allocating due to the expenditure issues around exceptions to the contract and the possibility there may be some last minute tweaking to the spreadsheet.

Greg reported the original waiting list number was 1700, we have allocated funds to 252 people and 111 individuals declined when offered funding. Of the 111 individuals, some of them may have been removed, but they may have moved to the bottom of the waiting list. The BASIS waiting list group are having discussion how we can track waiting list information better. Committee discussed no further updates are needed to the waiting list spreadsheet from CDDO's unless a number needs corrected. Greg will input any corrections received prior to the next meeting and we will look at the figures one last time.

State Aid report – Greg passed out the state aid report and called out the new category of quality assurance. Double check your numbers and submit revisions if needed. Greg reminded the committee the second quarter report is due by the end of the month along with the first six-month admin report. Clarification was given that IL/AT stands for Independent Living Resource Center and Assistive Technology. A reminder was also given to please fill out the CDDO field and there was a suggestion made by the committee to add a date on the report.

Exceptions spreadsheet – Question was asked if we will be merging in level V and level VI data. Greg stated he thought it would be appropriate, but we do not want to add them to the total. Greg stated six or seven kids have transferred from ACIL and their costs have been substantial. He stated that we still have a couple more individuals to transition this year and we will have nine next year. Several of the kids that transitioned this fiscal year, aged out early in the fiscal year. Committee discussed how we compared to last year. Greg stated the information was not tracked the same way last year, so all we can compare is the total. General discussion occurred on when a Medicaid case transfers. It was noted for kids in custody, it could take some time for the final journal entry in the courts to be completed. The Medicaid case will not transfer until that entry is completed.

Earl stated that potentially, waiting list funds for next year may be used to cover SRS kids, shouldn't funds be transferred from another division to cover these cost? Committee discussed why we are all of a sudden seeing such a larger number of individuals in the exception category. Greg commented we do not have a benchmark to compare. Earl wondered if CDDO's are following the new language in the contract. He went on to clarify, meaning that we are not replacing foster care costs, but rather only funding the additional supports needed due to the developmental disability? Greg stated we shouldn't be. Greg stated some of the increase is due to us trying to prevent children from being placed in custody.

Greg also commented that HCP is not allowing child-placing agencies to stretch the home county guidelines, but it is getting harder to hold them to it. There have been a few exceptions, but he does not take this guideline lightly. For example, one of the things he would look at is the amount of danger the child would be in, staying in their home community. If an exception is made, typically a plan is put in place to build capacity in the home community and have a plan to bring the child back to the home county within 90 to 120 days. Earl commented it appears that our exception list keeps getting longer. Greg stated that others within HCP know he is concerned about the rate the waiver is increasing. Greg commented, give us your tired and your poor.

Further discussion occurred on how CDDO's are reporting exceptions. For example, if a child is receiving in home supports and then to prevent custody, you bring the child into residential; are you

only reporting the commitment increase? It was suggested that all CDDO's go back and double check their figures and send Greg any corrections that are needed.

Waiver expenditure spreadsheet review – Greg commented the CDDO and EDS projections are very close. Greg also reminded the Committee the spreadsheets were prepared for the December meeting. He reported the December spending was over 20 million and due December being a five-week month, this added nine more weeks to the projection. Greg also stated the last projection shared with the budget director indicated we would be within \$500,000 of our target and this is largely due to the saving of late admissions from waiting list allocations.

BASIS Workgroup - Greg stated he has asked Sherry Arbuckle to co-chair the group. Sherry reported the members of the group have met two times and they have begun the process by generating a wish list. The group has consolidated this list and determined what is policy, mechanical and manual/training issues. At the last meeting we reviewed the list and determined what issues the group does not plan to pursue further, what needs to be researched further, started going through the policy issues and did come to consensus on a few. The biggest issue that needed discussed was, what will BASIS track? The group consensus was, individuals in service(s), individuals requesting additional service(s), enhancement of service(s) (additional units) and/or funding for services. We also discussed how the waiting list is defined by HCP is a contractual issue, but if we track the information in a more detailed manner, the information would be available when and if needed.

She also briefly went over several other topics they discussed and stated the work group has developed a document to track the issues identified and we will be generating that document to the BASIS committee for review and then broadcast out to the SWFC for further review. Please feel free to send you comments to anyone on the BASIS workgroup and they will bring those to the next meeting on January 31st.

Greg reported that some of the BASIS changes may be driven from the new Waiver template. Frank will be included in some of the future discussions with the BASIS work group. He also stated that we will need some information quality focused, how are you monitoring and trending quality. Greg also stated cost benefit analysis will be part of the decision making process.

Home county role and resident county role for children in foster care – Loraine Harris wanted to clarify if we were still following HCP's draft October 2002 memo in regards to children in custody. Loraine read through the memo and there was general agreement that we are all following the guidelines outlined in the memo. The home county CDDO maintains the BASIS and inputs the prior authorization. The targeted case management is provided by the CDDO and/or affiliate in the county the individual resides.

BASIS ASSESSMENT CHANGE REQUIREMENTS FOR 07 –Greg presented a proposal from HCP that CDDO's bill one unit, at a rate of \$80.00 per unit. For each assessment you conduct you will bill down \$80.00, no matter how long it takes to do the assessment. The information pulled from MMIS indicates billing is between \$50 and \$60 dollars per assessment. HCP acknowledged there is a percentage of our population that you will not be able to bill for, due to individuals not being Medicaid eligible and they think they have accounted for this in the new rate. There was some discussion that \$80.00 per encounter may not cover the cost of a new position being added to carry out the new mandate. A suggestion was made that HCP send out something in writing to CDDO's to request

feedback. Greg stated that HCP would continue to work through this issue with CDDO's and get an agreement prior to the next meeting.

Sharon asked if you contract out the assessment function, would the provider be allowed to bill EDS directly. Greg stated the enrolled provider would do the billing.

Questions were asked if the new rate or the way we are doing assessments would change the way CDDO's collection from private pay individuals. Greg did not see this impacting that process. Greg did comment that someone's ability to pay does not determine if they can have an assessment completed and that is why HCP is suggesting a higher rate than what MMIS is showing the average billed amount is.

The committee discussed the possibility of not doing assessments on everyone in the system. Some ideas were thrown out such as; not doing assessments on individuals not currently waiver funded, individuals waiting and to possibly consider doing assessments every three years instead of yearly. A suggestion was made that the BASIS workgroup discuss these ideas and make a recommendation.

Greg reminded CDDO's, area plans on how they will do BASIS assessments is due March 31st. Further discussion occurred about the cost of doing BASIS assessments. Several CDDO representatives mentioned that the encounter method would be beneficial to cut down on tracking for billing purposes and typically it does not take four hours to complete an assessment. Greg reminded the committee that quick action would be needed to get MMIS changed timely.

Extraordinary funding - Representatives from the extraordinary workgroup stated they think they can wrap things up soon and make recommendations by the middle of February.

Governor's Budget Recommendations – Funds for Adult dental for all waivers except FE waiver and Waiting list funds in the amount of 13.7 million, all funds. Proposal for autism waiver not funded.

Level V & IV transitions - Greg stated the transition from Level V and VI's is being driven by language in the state plan. Mental Health is driving the transition and there are 20 to 30 MR/DD individuals who will be affected and will need to transition out. Transition planning will occur for all of these individuals and there have been a few exceptions given to allow time for the process to be completed. Other funding will be used from outside our current funding, to not jeopardize any services being provided to our current consumers.

Sherry asked if we would want to track the cost of these individuals on the exceptions spreadsheet, but not include them in the totals. Greg stated that we do need to track the information and but we need to keep it separate.

The individuals will transition out with MR/DD waiver funds if eligible. Tracking of these individuals will be reported as an exception and put on the exception spreadsheet, but will not be included in the totals. Question was asked how individuals will be funded if they are not waiver eligible and Greg responded that other funding would be explored.

The question was asked, if the foster care dollars will still be tied to these individuals and Greg stated yes.

Donna stated that if these individuals are entering our system through HCBS, how would this not take away from what we already receive. Greg stated that he has had discussions with his peers and made it known that the MR/DD system cannot absorb these costs and he believes everyone understands. Greg referenced when Valley Center ICF closed, the funds were transferred into our system and we kept it separated.

Outcome measurement #4 - Further discussion to clarify the agreement reached at a previous meeting. SRS is agreeable to using the 2% of individuals receiving day services. The CDDO will have to meet the 2% threshold before the incentive would kick in. The question was asked if we could possibly look at this contract year as a pilot year and add the additional steps next year. General consensus was we need to try and encourage CDDO's and providers to try and meet the 2%. The committee will discuss further at the next meeting. Carolee was not available to provide further guidance.

In home support funding for people when they turn 18 – Greg said he was curious how the CDDO's were handling the In Home Supports for individuals who are 17 during the allocation process, but turn 18 during the contract year. Greg stated, we allocate based on age and during the contract year an individual may turn 18 and now their In home Support reimbursement rate changes. For those of you billing the daily rate do you change the plan of care to the adult rate? CDDO's responded and the consistent answer was yes. For those of you billing hourly do you increase units on the plan of care? The consistent answer from CDDO's was no. The consistent response from CDDO's was, the units do not increase unless they meet the crisis definition per the contract.

Timeliness of Prior authorization approvals – The committee discussed concerns there is not a back up plan for when Sandy is gone and prior authorizations are not being approved timely. Janice stated that she has had some prior authorizations waiting for as long as a month for approval. Greg stated he knows during November and December they were probably out of compliance. He doesn't feel this is usually the case. He went on to state, HCP tracked 14 business days in December and Sandy reviewed 1,074 plans of these 771 were approved, 225 were corrected and approved and 66 rejected. During that time she made 163 phone calls which were an attempt to correct plans of care and fix mistakes. CDDO's asked if there appears to be reoccurring mistakes, could Sandy contact supervisors with these concerns? There was also a suggestion if she is seeing trends across the state that maybe a memo from her with guidance may be beneficial and eliminate some of the phone calls.

There was also a suggestion, the client obligation process be streamlined to reduce errors. Greg stated HCP's perspective is, they are meeting their contractual obligations. Group asked Greg to have Sandy put a list together of her biggest issues, in regards to prior authorizations and Greg bring them to the next meeting.

STATEWIDE WAITING LIST – Greg worked with Larry to query the data and he was not satisfied with the numbers and in the middle of the process Larry moved to the Division of Health Policy & Finance. Larry did not save the queries so he is waiting for someone to assist him. Greg believes he will have someone to work with him by February 1st. Until then you can call Greg and he use the list generated last and try to estimate where the individual would be based on the number of individuals who have declined services when offered. Greg stated, he admits HCP took over the waiting list and they have not done a very good job.

Sherry asked if when members submit an agenda item, if they could provide a brief description of what they want to discuss. This would give us time to gather more information if needed, nothing elaborate just one or two sentences.

Greg stated at the next meeting be prepared to review Appendix B of the contract. The next meeting will be March 14th, at the Docking State Office Building in the basement auditorium.