Community Care, Inc. (CCI) - Provider Advisory Committee
Minutes

Date: 04/04/2024 **Time:** 10:00 AM – 12:00 PM **Location:** 205 Bishops Woods, Brookfield
Recorder: Faith Wenrich

Attendance: ☒ Acevedo ☒ Drury ☒ Ferris ☒ Grossman ☒ Krzanowski ☒ Moen
☐ Scholler ☒ Schulist ☒ Sveda ☒ Trout ☐ Valona ☒ Wenrich

Guest: ☒ Beacham

Topic	Discussion
Introductions - Moen	**Matt Moen** – CCI Director of Provider Management **Patti Ferris** – CCI Provider Quality Manager **Jill Krzanowski** – CCI Health Care Contracts Manager **Faith Wenrich** - CCI Administrative Assistant **Sadie Beacham** – Guest – CCI Quality Specialist **James Valona** – Ability Group **Nicole Grossman** - Dodge County Medical Facilities (Clearview) **Kathy Acevedo** – Independence First Inc. **Rachel Scholler** - Lakeshore Transportation Inc. **Doug Sveda –** Next Step in Residential Services LLC, NRS Services LLC **Dan Drury** - Options for Community Growth, Inc **Carol Trout** – Shorehaven Behavioral Health Inc. **Mandy Schulist** - Wisconsin Illinois Senior Housing
Agenda Topics	**• Introductions – New Committee Members** **• 2024 Community Care Quality Plan** **• Provider Education / Trainings** **• GSR 5** **• AIRS** **• Intensive Staffing** **• Provider Portal** **• 2024 Contract Changes** **• Future Agenda Topics and Meetings**

Topic	Discussion
2024 Community Care Quality Plan **- Beacham**	**Moen** – One of our contractual requirements with the state is to put together a Quality Plan every year and we need to have input from staff, members that we serve and providers in our organization. We are required to get provider input quarterly so these meetings will occur 4 times this year and information will be shared with our Quality Department. Handouts:  2024 Quality Plan Summary_DHS Appr  2024 Quality Plan_DHS Approved **Beacham** – Our Quality Management Program is structured to identify quality related problems or issues that warrant an audit or some other means of evaluation. We also evaluate the care management practices, for members identified as vulnerable, high-risk members, and perform audits to monitor that. We design activities to address deficiencies, develop and implement action plans with follow up to see the issues have been corrected to an acceptable standard. We encourage all of our operational leaders to play a part in our Quality Plan. We really want to get contributions from all of our program operations and provider management. Assessment, Care Planning and Service Delivery –There are internal file reviews, and our annual quality reviews. We are very focused on our high risk vulnerable members this year. We continue to provide feedback to our teams and perform internal file reviews on a monthly basis to be sure appropriate actions are documented. Monitoring for Provider Choice – Our goal is for at least 90% compliance that CCI is ensuring members are afforded choice with providers. We created a dashboard where we are able to monitor and escalate any problems to program leadership, ensuring members are afforded choice with providers. The data is also sent to our steering committee annually. Long Term Care Functional Screens – this affects all of the programs, the goal is to monitor and maintain the completeness, accuracy and timeliness of annual and change of condition functional screens. We're monitoring any targeted functional screens, any trends or opportunities for improvement. Our long term functional screen leads are involved in the reviews. We have dedicated functional screeners that are not a part of the team performing screens predominately in our Partnership program. Monitoring of Home and Community Based Settings (HCBS) – Our goal is to monitor 100% of members living in HCBS settings as well as members that receive day programming/employment services that meet the HCBS rule. Care Management for Vulnerable High-Risk Members – Goal for 100% accuracy in the identification of members who meet the DHS definition of Vulnerable High-Risk (VHRM) and for members assessed as VHRM, 100% compliance with care management expectations. Member Satisfaction – We organized a new member satisfaction Work Group to help achiever a 5-star member satisfaction rating. We do present the surveys to all levels of Community Care staff and get feedback from everybody on that. There is a performance improvement project to increase member engagement in the Member Advisory Committee. Caregiver Satisfaction – This Survey impacts our PACE program to improve the percentage of respondents describing communication with care teams as good or excellent. Provider Satisfaction – We look to improve the participation in the provider satisfaction surveys. **Drury** - How do we get these provider surveys? **Moen** - We send them as part of our Contract Inquiries email signature in our mass emails. They are also located on our website. What other ways would you like to receive it? This is one of the reasons we have the Provider Advisory Committee, to get your feedback and ideas for us to improve our provider interactions. **Wenrich** – We send the survey link in most contracted provider mass emails, would it be better to send just the survey as a separate email with no other subject? Response – Yes, that would be better and state you need this from us by a certain date?

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	Moen – How often would you like to see this? Quarterly, bi-annually, or once per year? **Sveda** – If you are looking at the overall satisfaction with a benchmark for the year, sending the survey quarterly should increase the number of responses. **Moen** – We can send a targeted email quarterly, adding for the recipient(s) to feel free to do it again, as well as sharing it with your staff. **Beacham** – Service Delivery Provider Access – Verifying services authorized are provided. Provider management added measurable goals that affects all of the programs. This includes caregiver background checks, education and skills training for individuals that provide specific services, provider training, timely reporting of member incidents to Community Care, using our IMS and AIRS system which is new to us. Compliance with Division of Quality of Assurance standards when applicable, looking for 100% of DQA statement of deficiencies related to CCI providers to be reviewed and follow-up actions determined then sent to operational leaders. Regarding appropriateness of staff providing medical services, that 100% of new rendering providers of non-hospital entities that are credentialed through Andros. Announced and unannounced onsite provider audits will still occur, monitoring of subcontract services will still occur. **Sveda** - What's Andros? **Moen** - Andros is our third party credentialing company. For our major hospital systems, they have their own credentialing systems, so we do a credentialing agreement. For our smaller providers, we will primary credential each individual practitioner, using Andros who runs them thru 13 different databases for malpractice, licensing, etc. We have an in-house group that reviews the findings and approves or does not approve for services. We have 16,000-17,000 practitioners. **Beacham** - One of the audits that we fall under is our online Provider Directories. They have called a phone # in our directory and whoever answered they would ask for the information as stated in our directory. Participation and Quality Management Program – We are encouraging Provider Management to be more involved with Quality Management to include a quality department representative in the provider advisory committee. Pay for Performance – Maintain or increase the number of members participating in competitive integrated employment between the first and fourth quarter for 2024. Collaborating with contracted providers and continuing the pilot project to pay providers for supported employment based on outcomes rather than the number of hours of supported employment provided. Encouraging expansion and/or development of additional services, customized employment CIE training and promoting connections thru on the job series featuring our positive member stories. Community Connections pay for performance – The goal is to get 100% compliance, with DHS pay for performance expectations related to submission deadlines and successful earnings of withheld amount. **Moen** – Every year in our contract with the state of Wisconsin there are pay for performance expectations. We will have someone attend our meeting or meetings to discuss Pay for Performance Community Connections. This is a state-wide initiative that all MCOs are participating in. DHS withholds part of the money and if we meet certain criteria, or go above and beyond, we would earn some of that withhold back. **Beacham** – Our Performance Improvement Project (PIP) – Goals for the Non-clinical PIP are focusing on our member advisory committee increasing engagement and member participation, We are implementing a pilot to offer advisory committee participation for Spanish speaking members, expanding our PACE member advisory committee and expanding to the convents to increase more engagement from our Sisters. Our goal for our Clinical PIP is diabetic eye exams, looking to increase compliance by 20%, continuing from last year, where the outcomes were very good, so we expanded this project. Monitoring Diabetic Eye Exams and compliance with that.

Topic	Discussion
Provider Education / Trainings **-Ferris**	**Ferris –** Last week we had the training, Abuse, Neglect, Misappropriation, Injury of Unknown Origin, Caregiver Misconduct, Reporting and Investigation, Next is Compassion Fatigue Training in April and finalizing a 3 hour training on May 6 called Emotional Effectiveness, Positive Supports and Personal Endurance addressing trauma, IDD, intellectual disabilities, mental health as well as positive supports and we have a gentlemen that will talk about our personal endurance. We always look to you for input and topics of interest that you think we should offer our providers. The Abuse, Neglect, Misappropriation, etc. neglect is a contract requirement for us to insure our providers are aware of those reporting requirements. We are piloting this training for our 1-2 Bed providers, very specific to those standards in May in Dane County. The Abuse, Neglect training will always be on our docket annually but if there are other things you are interested in let us know. Feedback we received was asking to help providers walk through what an investigation should actually look like. **Trout**- How do we find out about these trainings? **Ferris** – At this time we send an email blast with the invites but we are working on using our website and portal to post these in the future. All of the trainings that we are offering so far this year have been free.
GSR 5 **AIRS** **Intensive Staffing** **Provider Portal** **Medicaid Enrollment** **State Minimum Fee Schedules**	**Moen** - Various things going on in the industry – the State is on a path of consolidating geographic service regions. Effective January 1st, 2025, Geographic Service Region (GSR) 5 will be Columbia, Dane, Rock, Jefferson, Dodge, Marquette, Green Lake, Waushara and Adams counties. We recently responded to the request for proposal to be an MCO in that GSR, the state will be awarding MCOs the ability to offer those services. So on January 1, 2025,should we be awarded, we will be authorized to offer Family Care in all 9 of those counties. We also responded to a separate request for proposal for Partnership. Right now it's only offered in Dane, Columbia and Dodge counties, and we don't do Partnership in any of all those counties but we responded to the request for proposal to be approved by the state to do that. This is a multi-step approval and won't likely be started until 2026. As you know, the National Health Insurance Companies, Molina and Humana, are here. There is a lot more oversight and standardization. Some big things hitting us right now a big push on the 1–2 Bed AFH certification oversight. We should be reporting every time someone moves in and out of a 1 or 2 bed AFH. We also received a letter from DRW, Disability Rights Wisconsin, stating they will be providing tremendous oversight of our 1 -2 Bed AFH settings. We're in the process of expanding our Provider Management Department staff just for that. We're going to need dedicated staff just for 1-2 bed AFHs. Related to that, the services known as Supported Apartment/Supported Independent Living/Community Support Program, are unregulated settings that should only be occupied by one or two individuals. We likely are on a path of certifying those settings and are on hold on new applicants for that type of setting until a clear direction is given to us. **Ferris** - There is a state wide Adult Incident Reporting System (AIRS). Last year, all MCOs were notified by the state that we need to either integrate our systems into AIRS and/or just utilize the state's system. CCI chose to integrate our existing system into the state's AIRS for reporting. Incidents that hit certain thresholds would have to go through this system that the state sees. The state is looking for feedback and responses regarding substantiation or non-substantiation, all of our actions that we do with the providers, are they placed on hold, are we asking them for follow up or a plan to change procedures, to go through the system. It's been a huge undertaking. The Quality Department monitors all of our incidents, Provider Management monitors all of reporting from staff regarding providers. The education to providers on reporting incidents is a huge undertaking. **Moen** – You may be hearing different questions from our care teams as part of what we have to report now. **Beacham** – DHS is really focused on what are those preventative measures, what are you going to do to prevent or make sure the incident doesn't happen again.

Topic	Discussion
	Moen – In terms of oversight, Fraud, Waste and Abuse Misappropriation, we have a new process we are calling Intensive Staffing. We have a number of members that at any given time, the care teams have determined those members need 1 on 1 care and supervision. In those situations, we have a new process that the care teams have to go through that entails a lot more review and they will have to do more face-to-face. If members are getting 1:1, the care teams will be verifying this more often. We have to be sure we are doing our job from a Fraud, Waste and Abuse, Misappropriation prevention to insure that the authorized 1:1 care is happening or at the very least insure that the provider is not billing for any lapse in that service. **Ferris** – That's an area where we are getting increased complaints and reports of the amount of time we are spending with providers to help them understand **Trout** – Sometimes it's innocent too **Ferris** – Yes, there's a lot of education needed **Moen** – That's our first approach, what do you need or how can we help you understand? Our part of looking to get more money into this industry, is to reduce fraud and waste, among other things. We have to be good stewards of government funds. **Sveda** – Going back to the SILS, the ownership and service providers, is the trend to go back to no common ownership? **Moen -** The belief is that if you are the landlord and you are the service provider, we should be certifying that as a 1- 2 Bed AFH not operating as an independent apartment. Under the new home and community based waiver program, the trend would be we should almost be Certified. We have been sending out questionnaires to all of the Independent apartments because the state asked for feedback to gauge how big of an issue this is. **Ferris -** They are also aware these are viable member options but we are finding some providers do not have a lease. **Moen** – the concern is if CCI is paying for your care, is someone shifting that money to pay for the rent, room and board. Ycannot use Medicaid funds to pay for room and board costs, which some providers are doing. **Sveda** –Terminating a lease is no different than a 30 day notice **Ferris** – The state is saying it can't be tied **Sveda** – But if care is terminated, another provider can come in and care for the member **Moen** – That's what should be happening. Most of our providers are doing what they're supposed to be doing. Affordable housing is always at the top of our network needs list. **Provider Portal** **Moen** – In the past 6 months we combined our portals into one log in with multi-factor authentication for access. Once registered, you can log in and access multiple portals to sign Authorizations, sign Member Centered Care Plans and Claims Submissions, depending on the service type. Our most recent citation from Metastar, the contracted organization the state uses to do our quality audit, had to do with Member Care Plan sign offs, so you will see some increased communication from Community Care. If you are an essential services provider, you have to sign off on the member care plan as part of our state contract. Emails are auto generated the same as the Authorization alerts, informing providers there is an MCP to be signed. We are working to expand this Provider Portal, to include provider news alerts and training information in the future. Signing MCPs will eventually be required for payment so best to get in the habit now. **Trout** – It sounds like psychotherapists don't have to sign care plans but it sounds like this information would be valuable **Moen -** The next thing to be added to the provider portal, is a remittance portal. We are going to have test groups first but you will ultimately be able to go there, look it up by member, by date, by remittance number, you'll be able to see everything out there. This is a big step for us.

Topic	Discussion
	Medicaid Enrollment **Moen** - If you are a state Medicaid Plan service provider, you have to be Medicaid Certified. By January 1, 2026, everyone will have to be enrolled in State of Wisconsin Medicaid, even our HCBS Waiver programs, residential, transportation, day cares, everybody. All of the communication that gets done will be through your Medicaid number that will have to be in place by January 1, 2026, or we can't pay you. We won't be able to use providers that aren't enrolled. The current timeline is that enrollment will be open to you in September. You will have to enroll every one of your facilities and every service type. **Drury** – Transportation is included in our service type/rate. Do we have to enroll that separately? **Moen** – No, if the transportation is built into the contracted line item, day services, residential, for example, then it does not have to be enrolled. **State Minimum Fee Schedules** **Moen** - HCBS waiver versus Medicaid State Planned Services - Medicaid State Planned Services already have set state rates that Medicaid publishes, we need to pay no more than that rate. In HCBS world, we negotiate rates, site by site, provider by provider. The state is pushing for minimum rates for residential providers and for supportive home care providers. That proposal was submitted to Joint Finance Committee at the State of Wisconsin. I have not heard as of today if this has been approved. All the MCOs in the state meet about this because the projected effective date is July of this year. If approved, we will have to re-do all affected provider contracts followed by updated authorizations. It is incredibly unlikely we would have this done by July 1st. We asked the state to put out a timeline calendar for all MCOs to follow. Should all of this pass, the effective date will by July 1st and we will be processing a large volume of contracts. Big picture, this is great, the fact that we're getting more money into our industry that all of us havw asked for, we're 100% behind it. The administrative end of this is going to be nightmare but we have to do it to get more money into providers' hands. In the residential world, there will be a series of tiers, based on the member's functional screen. There's no guarantee that everyone will get an increase, we are not to reduce rates to the state's minimums but we must increase rates to meet the state's minimum. Some providers have tiers already. The state made it clear to MCOs that we should not be reducing our rates to the minimums. In the Supportive Home Care world, we contract for 15 minute drop-in care and the state will set that rate, and for daily supported apartments, the expectation that those rates are no lower than actual care needs times that 15 minute rate.
MOEN	Other topics? These meetings will be held quarterly. If you have topics or questions about this meeting email Contractinquiries@communitycareinc.org . Thank you.