




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

AGENDA

Date: Thursday, September 23, 2021 **Time:** 10:00 am – 12:00 noon **Location:** Go To Meeting
Recorder: Faith Wenrich

Attendance: Drury Ferris Gudwer Jones Juett Krzanowski
 McCook Moen Reale Wenrich Patrick Missall (Guest)

| Topic | Discussion |
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| Introductions | <p>Dan Drury - Options For Community Growth Inc Bill Gudwer - Limitless Possibilities LLC Norris Jones - Southern Hope Homes, LLC April Juett - AJs Living Home LLC, AJs Living Home #3 LLC, Homes of Hope Krista McCook - Mosaic Management Group LLC</p> <p>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 Patrick Missall - CCI Contract/Project Manager (Guest)</p> |
| Ferris | <p>2021 Quality Plan Summary - https://www.communitycareinc.org/docs/default-source/quality/qualityplan.pdf?sfvrsn=ce83bbf6_4</p> <div style="text-align: center;">  <p>2021 Quality Plan Summary_DHS Appr</p> </div> <p>Ferris - The 2021 Quality Plan Summary was attached to the Agenda email for this meeting. Every year CCI puts together a Quality Plan. Speaking on behalf of Theresa Baker, the CCI Director of Quality, she asked for this committee to share and welcome any input leading into our 2022 plan. Our clinical Performance Improvement Project is going to roll out PHQ-2, a Patient Health Questionnaire, which is a tool that measures depression rates of members in all 3 programs. This project is a DHS requirement for 2022. The focus is going to be on mental health and access to mental health services in 2022. The non-clinical PIP is not yet determined. Ideas are being tossed around and we welcome feedback. Some ideas are accessing the member portal also assessing caregiver burnout and our Quality Department welcomes any input you can share with us today or you can contact Theresa Baker at Theresa.Baker@communitycareinc.org or if you want to share ideas or ask. This Provider Advisory Committee was instrumental in our Flu clinic that we held last year.</p> <p>Moen – A big one that would affect you is the third one, Monitoring the Home and Community Based Settings (HCBS) rule, because most of you provide the</p> |

Topic

Discussion

services, Adult Day Care, Prevocational, Residential, etc. Feel free to read through this and give us your feedback and input. Any initial thoughts, ideas, or suggestions for us. Hearing none, we move on.

2021 Influenza Project – Attachments

CCI has partnered with Walgreens again and your organization should have received emails from CCI regarding this year’s Flu Clinic. You may not have specifically received them as the emails were sent to the contact email address we have on file. These attachments regarding information about the clinics and Vaccine types were included. The last clinic was today but if you have a large number of members across a close geographic area there has been some discussion to have Walgreens go out to your location for vaccinations. We appreciate this partnership.

McCook- Walgreens is reaching out about combining COVID booster vaccines with the Flu shot clinics so both can be administered in one clinic.



2021-Flu Shot Campaign_Handout



FY21_COVID19_VAR _OffSite_ENG.pdf



CCI Vaccine Clinic Communication_FIN

McCook- Going back to the 2021 Quality Plan I was curious about “Satisfaction – Caregiver - P - Improve caregiver satisfaction” (line item #6). Can you tell me what you mean by that and what efforts are happening there as we are all having caregiver burnout, staffing issues and a labor crisis?

Moen – There’s no question about that but in regard to the CCI 2021 Quality Plan, the “P” in the second column stands for our PACE program. For many of the services offered to our PACE members, we are the primary provider of that so we are looking at our CCI caregiver employees. It’s a little more difficult for us to put in our quality plan that we are going to improve the satisfaction of your caregivers. We are having the same issue you are in employing staff and retaining staff. We are at the highest number of vacant positions that we have been in for a long time.

McCook – I am interested in what other organizations having the same issues might be doing to help with that.

Ferris – I think that’s a great topic to carry over when we discuss Provider Education.

P4P – Item on Page 2 of the 2021 Quality Plan

Gudwer – I’m wondering has DHS made any progress on the Paid for Performance (P4P) since it’s been on hold for the past few years due to Covid? It seemed they planned to withhold funds from the MCO capitation rates but backed up and gave everyone what they should have gotten in the first place. Is DHS interested in moving forward with something that has a financial impact like that?

Moen – Yes they are. Previously they had withheld 1 quarter of 1% from MCOs and would give it back if the MCO met a certain standard of member satisfaction using a survey and they’d give a bonus amount if other requirements were met. Ultimately, every MCO got back the withheld amount but didn’t necessarily get their bonus. Competitive Integrated Employment, another P4P, was a multi-step approach. Step 1 was that we had to stratify members in our organization that fit the qualifications and sort for those interested in work, not interested in work, interested and I know what I want to do, interested but I don’t know what I want to do or I am absolutely interested, ready and working. Then we were to sort out the members interested and move them on a path towards Competitive Integrated Employment. Where we actually sit today, CCI has taken on piloting more of the outcome-based Supported Employment model. Some of you may have knowledge of this. Historically we’ve had members in pre-vocational for years, which is counter intuitive. If a member’s prevocational, they should be on a path of employment. But if we have members that maintain this prevocational status for years and we don’t think they have made any progress toward employment, it doesn’t make sense. Then we started making a step towards having a member in pre-vocational and work them toward getting a job. At first it may be a high level of supported employment through job coaching or other areas to assist members in getting an integrated competitive job. Now the issue is for those members that have that job but may only work a few hours a day and what do we do with the rest of the time? Pre-vocational services would not be an option to fill in that time. We are piloting with 3 different organizations to figure out ways to get more competitive integrated employment members in place, a supportive employment program model that is outcome based. We don’t know how we are going to fund that. Could we potentially look at funding it differently like where are they in the employment process, have they confirmed an interview, they do have a job, they

| Topic | Discussion |
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| | <p>are in a place where they're going to be able to work more should there be an incentive for less job coaching authorized what are we going to do with all that time? Can we set up a Club House model where they can work on soft skills, computer skills, work on understanding what a resume is, how to work on interpersonal and communication skills? The other P4P which has money given to us has to do with WCCEAL. Most of you are aware of WCCEAL. We have to keep significantly detailed records. Patti Ferris' staff continuously updates the providers in our network and those that are involved in WCCEAL for the state to then match with WCCEAL records. We have to give the state our list of every one of our members that's in a licensed or certified facility for them to verify against the licensed and certified facility's list of members, for them to go back and calculate what each MCO is supposed to receive in P4P funding.</p> <p>Provider Education –</p> <p>Ferris - Though last year was not very typical of our in-person trainings, we did identify a number of ways to reach providers and hopefully their staff. We sent out many emails with information about the pandemic, shared DHS notifications, many relief programs that were available. We added a section to our CCI Provider Education webpage for providers to find valuable information regarding COVID-19. We sent out information regarding the Wisconsin Immunization registry. There is training on Coordination of Benefits Agreements. The Center of Medicare and Medicaid services published the final regulation requiring Family Care Managed Care Organizations to enter into a National Coordination of Agreements. We had to be compliant by October 1, 2020. At the end of 2020, we connected with Dana Johnson from Grow My Life. Dana did a training for provider staff. We connected with him and he created the Refuel Re-energize Motivational Training via Zoom. We have had 389 log-ins but that does not include the number of people that gathered as a group under one log-in. The other training we've done with Dana Johnson is Legal Decision Making, one in June, 2021 and upcoming in October 2021. We received good feedback. Dana Johnson continues to work with us as on a collaborative effort occurring in Racine. Midyear, Racine County APS was concerned by the heightened volume of referrals to APS and police contact by providers serving members of MCOs. DHS reached out to MCOs serving this area to come up with a plan together. Rather than each MCO reaching out to providers in the area, Community Care reached out to Inclusa, IRIS, Lakeland, My Choice Wisconsin and iCare to work together. All except My Choice Care Wisconsin, who already started working with providers, had agreed. From this coordinated effort, Community Care took the lead and we offered a training to all of our provider agencies. Dana Johnson also created TIP sheets that we have been sending out to providers. We are looking for your input. Does Zoom work? Are there topics of interest you would like us to address? Like Krista's (McCook) question about caregiver burnout and staffing issues earlier.</p> <p>McCook – I think the motivational trainings are really nice and helpful and think it's great that you do Zoom. I did not participate in the training you just had and probably had a scheduling conflict. Do you have these recorded?</p> <p>Ferris – We are doing these live at this time but I will look into this feedback.</p> <p>McCook – I think that staff may find it hard to attend these depending on their schedules. Having it available via recording would be beneficial.</p> <p>Ferris – The recent Dana Johnson webinars were interactive so wouldn't be able to record it but it doesn't mean we can't in the future. We have scheduled different times of the day and even had one in the evening which had great attendance. We are looking to do one more of those this year. Any other feedback or topics we should consider? Like the caregiver burnout? The MCOs have agreed to work together coordinating training. Does that sound like a good strategy as well?</p> <p>McCook - The caregiver burnout and self-care is an important topic. Sometimes our staff feel unappreciated, no matter how much we try to show appreciation or give compliments, there's a feeling that their profession is not valued. If there is a motivational presentation that really shows how important they are to the delivery of service for our residents and how important their work is and how valuable they are. To reinforce that message and to take pride in their work.</p> <p>Juett – Thank you for that. This is big, huge issue that we're all facing right now is that the turnover in the care team for our members is really, really high. All the years I've been in this business, I never experienced this and the past 2 years have been the worst ever. They're burned out, they feel overworked and underpaid. I agree, no matter how much you do or the appreciation I show, it does not seem to be enough. This causes us to burn out.</p> <p>Ferris – If anyone has any feedback afterward, feel free to reach out to me.</p> <p>Provider Survey Engagement – Attached</p> |

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| | <p>Moen –In 2020 we posted a COVID specific survey. In 2021-22, we want to put the provider survey back out there. We sectioned the survey by different departments depending on your experience. For example, if you’ve interacted with the Claims department answer that group of questions or if you’ve contacted and communicated with the Care Managers, what has your experience been? Do you think there are different topics we should talk about? We encourage that everyone or anyone that has experience with CCI, complete the survey.</p> <p>McCook - Staff has the most interaction with Care Teams and if before they end their visit or meeting with staff, give the link for the survey to be completed.</p> <p>Moen - When our provider management teams go out and do visits for our staff to give the link before they leave.</p> <p>Gudwer - Create a short URL or QR code for the care team’s business cards.</p> <p>McCook - I find people really respond to the QR codes.</p> <p>McCook - I don’t know how your questions would compare you to other MCOs. What differentiates you from other MCOs is your personal touch and don’t know if these questions would emphasize that.</p> <p>Moen – do you think that something along the lines of comparing us to where we were a few months ago? Maybe ask to compare CCI services a year ago, Better, the Same, or Worse?</p> <p>McCook –I don’t feel the other MCOs care as much</p> <p>Juett – I have to agree. I have worked with CCI for many years, since day one I felt they care for the providers and the members themselves. All of the care teams call and email be back and they are concerned. I see a big difference from CCI when it comes to members. It’s totally different from other MCOs. We all have to stick together to get through and make it.</p> <p>Moen – I appreciate that feedback and if you have specific topics, reply to today’s meeting invite or contact Contract Inquiries, Faith or me so we can track the intangibles, i.e. that CCI seems to care more. We did a training in the past for our care managers based on providers’ feedback regarding care teams and focusing on how to improve based on the negative responses.</p> <p><u>EVV</u></p> <p>Moen – EVV is a requirement by the federal government for all of the states in the country. Any services for members with a personal care element such as T1019 Personal Care 15 min code, T1020 Personal Care daily code, S5125 SHC 15 min code and S5126 Daily SHC code. Any time a member is receiving those services, the worker needs to clock in and clock out recording the member and the services provided in an effort to eliminate waste and abuse of funding. Tax payers should never be paying for services that didn’t occur. The state partnered with SanData, the company gathering the information for EVV, and Gain Well is the intermediary that scrubs our authorizations and gives it to the SanData system. Providers that have to use EVV would be submitting their visits to go into the SanData system. When the MCO receives a claim with an EVV code we should be assuring there is an EVV to match that code before paying, if there isn’t, the state is operating under the assumption we would be denying the claims. There are several workgroups on the MCO, State, etc. levels. The hard launch date is Jan. 1 2022, but providers should have been using this since November 1, 2020 with no financial penalty until 1/1/22. We know the providers that should be using EVV but aren’t and those that are struggling and reaching out. So, we’re contacting all of those providers and asking them if they don’t plan to use EVV and if not, we really can’t have them in our network or contracted for those specific services.</p> <p>Drury - We did the soft launch and then it got to the point where until we’re given a date we were wasting time and effort on this. Our staff has a hard enough time punching in and punching out to be paid so to get them to do this which is much more complex. I’m hearing some providers are not sure they will continue to provide SHC because of the hassle, it’s just another obstacle in the way to get our staff just to show up</p> <p>Moen –We are in a real life work crisis for staffing and are we in a position to term a provider because they don’t use EVV there may not be another agency to contract for these services.</p> <p>Drury – Will you, MCOs, be compensated for the additional work this is generating?</p> <p>Moen – We process our claims in house and this is one of the times this is advantageous for us.</p> <p><u>COVID</u></p> <p>Moen – We are months into the state having said return to “normal” visits with members. Our care team staff has as much PPE as they can have. We are</p> |

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| | <p>sticking pretty closely with CDC and the OSHA and other guidelines as it relates to Covid. We have people working in offices but continue to not allow and significantly restrict visitors which is why this meeting is remote. We were going to attempt having our workforce return to offices which has been delayed to January 2022 but when we do I think we'll see more telecommuting.</p> <p>How are you doing with vaccination rates with staff?</p> <p>Gudwer – We have staff consistently out with Covid and the Delta Wave didn't help. We haven't polled the entire workforce but informally have talked to the supervisors about their teams and looked at the Facebook chatter among my employees. A vaccination mandate is going to be an issue. I know of staff that will not be vaccinated and will push back or leave the industry entirely to work for a small manufacturer or something. We do not need the exodus when we are already having difficulty keeping staff.</p> <p>Juett – I totally agree that this would be a big issue. We have guardians and staff that won't get the vaccine if it's mandated.</p> <p>McCook – 50% of our staff participated in the vaccine initially and it's concerning if it becomes a mandate because we can't afford to lose any of our workforce. For staff that isn't vaccinated we test frequently. I think the other challenge we are facing with numbers is the spiking transition rates and every county across the state Covid doesn't seem to be an issue any longer. We constantly have to re-educate and explain why we have the policies that we have. Maybe a good educational program would be on vaccinations with scientific facts. Could we see a movement again with some people moving into Assisted Living facilities?</p> <p>Moen – Related to member behavior, activity, I don't think we saw a significant increase or decrease of members moving into or out of facilities. What we have seen is a significant reduction in Supportive Home Care and Transportation. Part of that has to do with lack of staff for those services and some of it has to do with member hesitancy to allow someone in their home or getting into someone's vehicle. In 2020 we had a positive financial year and are on track in 2021 to have a positive financial year.</p> <p>We re-invested part of that gain into one time payments related to Covid grants, Covid payments in general. We always try to get additional funds to you but the majority comes from our reduction and utilization. We continue to do residential rebalancing, making sure we have members in the right location. All that work continues but, by far, our gain is coming from the reduction in services. Which is why when we do have the ability to re-invest in our provider network, we historically have done that through one-time payments as we don't know what our rates our going to be in the future.</p> <p>Drury – For our agency we've been doing pretty well and have 30% – 40% are vaccinated. We're trying to do an in-service with a disease control specialist in the area and trying to stay on top of the possible mandate and its legal repercussions. Very hesitant about openings for members and how the mandate may cause us to lose staff.</p> <p>Jones – My residents are all vaccinated. My staff is very hesitant to get vaccinated and will probably refuse if mandated. I keep a lot of PPE on hand. I also have a house reserved for quarantine if I need it.</p> <p>Moen - Our business plan to the state is due October 4th. We are highlighting our business initiative the common theme in every section we write has to do with the staffing crisis in our industry. We have always had staffing issues. However this is the first time we have seen it at this level, with providers telling us not to contact them about expansion or referrals and have given 30 days' notice on high needs members as well as closing the business entirely due to losing staff.</p> <p>The state recovery plan/ Covid fund must be spent by March of 2024 and they've asked for input and suggestions from MCOs and other resources how that money could be used. For Home and Community Based Services, the state did put in a mandated rate increase to be effective June 1st. Knowing the amount of time and effort it would take for creating new contracts reflecting those rates, getting them to you for signature and entered in our systems, we chose to first update our claims systems as soon as possible and send the payment difference for claims already received from June 1st and beyond. If you think you weren't paid correctly regarding this state mandated increase, please contact me or your CCI account rep. In 2021, we also increased the CBRFs and RCACs that were lower than the average of other providers of that service type. We also used dynamic pricing, a temporary rate increase for Supportive Home Care providers. For 2022, we think there is another State rate increase coming for those providers who are eligible on January 1. We are preparing now to have our systems at</p> |

| Topic | Discussion |
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| | <p>the ready and updated when certain. We want to commit dollars for a one-time payment or a shorter amount of time and dynamic pricing. We are also looking at using the funds for other models of care.</p> <p>If any of you have any ideas for other models of care to invest in, please let us know. With our financial position being good this year, we want to look into other models of care.</p> <p>As always, thank you very much for your participation and input today. For 2022 we are looking at expanding this group and we will contact you regarding a 2022 meeting.</p> <p>*After the meeting we received the following link: Covid-19 Vaccination Guidance: Top Considerations for Employers from ADP https://on24static.akamaized.net/event/34/10/49/4/rt/1/documents/resourceList1554921855073/adpwebinarcovidmandate09231632403954955.pdf</p> |