

Meeting Notes

SCO Subcommittee

December 13, 2018

Co-chairs Mary Jane Fletcher and Dan Sausman convened the meeting. Members introduced themselves.

The meeting began with a discussion about Managed Care in the future of IDD Services and Supports Coordination. There has been much talk at the state level about changes to the service system in the coming year, and yesterday there was an Open RCPA Board meeting where this subject was discussed. Recently Kristin Ahrens requested RCPA's thoughts about Managed Care and IDD services. There was some sense of urgency in the request as she asked Richard to get back to her before the end of the year. As a result, a small group of representatives from IDD Committee (including MJ and Dan), and RCPA members have had some very brief discussions about the values and principles we would want to see in any future service system. PAR has developed a lengthy paper, the Pennsylvania County Commissioners Association has developed a white paper, and these have been presented to ODP to consider.

Committee members expressed concern regarding the Supports Coordination role and what has been happening in CHC – that the managed care companies have begun handling the SC role internally and terminating their contracts with other entities. Some of the MCOs have been actively recruiting SCs from existing SCOs to fill their positions at a higher rate of pay. This has had a significant impact on SCOs. This began happening after the continuity of care period ended (in some cases recruitment is happening before continuity of care ends). Carol stated that so far in the concepts that have been discussed, there has been an acknowledgement of the value of SCO's separate from the MCO's. A request was made for Richard/RCPA to give this committee a commitment to supporting SCO's. Carol will relay this message to him since he was unable to attend the meeting today. RCPA has joined ANCOR, a national advocacy organization. All RCPA members will also be considered to be full members as a part of your benefits of membership in RCPA. ANCOR developed a white paper regarding the national perspective of managed care in IDD services. Carol will send the document to members of this committee. Dan believes it is a good resource to help understand managed care.

Committee members would like to have more education on Managed Care and believe it would be helpful to ask Joan Martin to attend a future meeting to go more in depth about this subject. Since the next scheduled subcommittee meeting is not until April 11, 2019, we discussed scheduling a meeting in February and also to invite Richard to participate in the meeting. The ID/A Coalition is sending a letter to Kristin Ahrens requesting that system change occur in a very open manner that is transparent and offers plenty of opportunity for stakeholder input prior to any plan being finalized.

Jen Fraker from ODP joined the meeting and was present for part of this discussion. While she is not at liberty to share much information that has been discussed within the department, she did assure the group that ODP has been working on developing a future plan for about a year, and the discussions began with Nancy Thaler. Kristin Ahrens is continuing with developing the plan. Jen did feel comfortable sharing that ODP values the role that SC's have, and that SC's will continue to be needed, valued and important in the future system. Before Nancy Thaler left, she gave a presentation regarding

managed care for individuals with IDD and the presentation stressed the importance of the role of Supports Coordination.

Secretary Teresa Miller recently distributed a Request for Information (RFI) to gather information about community resources and mental health supports, etc. for families. The RFI is to explore existing individual or family needs assessments, methods of connecting individuals and families to community resources, and models for providing whole-person or whole-family case management. Jen believes that this will have no impact on the role that SCO's have with ODP. Her understanding is that this is meant to assist with cross training of community partners. One of the guiding philosophies of the department is focusing on utilizing Lifecourse in addition to Everyday Lives. There are concerted efforts to reduce the waiting list and to develop and rely on natural resources instead of always turning to paid services to meet needs.

Jen provided an update regarding several topics of interest to the group.

- Monitoring Tool Survey: All feedback has been reviewed and as a result, significant changes will be made to the questions in the tool. The tool was to be released in June but has now been delayed until September of 2019. The hope is to have the tool work well in HCSIS and provide meaningful data that can be extracted by SC's. Seventy- five to eighty percent of the questions are changing. There will be two questions regarding CPS. The medication table will be turned off (SC's will be directed to check the ISP). Data elements for issues reports are hard to get out of HCSIS and ODP is working to develop how to identify issues with entities and also pull data in through DocuShare to send to SC's. Jen expressed appreciation for all the feedback as it has been helpful in developing a meaningful and useful tool. There will most likely be more changes in 2020/2021 through the Simplify the System project.
- ODP Communication 105-18 was just released regarding the role SC's have in informing Individuals of their right to be free from abuse. It is important that the date this information is reviewed with individuals is documented. This is a CMS requirement but we also want the discussion to be a meaningful experience. There will also be some trainings coming up about communication and that even if an individual is not verbal, everyone communicates in some manner. The conversation can be documented in a service note but it is important that the date align with the date reported in the monitoring tool. There is consideration of replacing the paper document with some type of laminated card that individuals could keep with them so they have the information readily available if needed. There are some situations that present challenges when performing this responsibility – two that were specifically discussed are how to handle this with children, and how to handle with someone who has been a victim in the past. Trauma informed care is important not only to the individuals served, but even for the SC's who are presenting the information – they may have been a victim themselves. Kyla Shultz and Lisa Hanna from ODP are working with SAPNA (self-advocates) to work on developing this process. There is no one process that works for all, so there needs to be some flexibility in the delivery of this information to individuals and not be too prescriptive.
- PUNS release is scheduled for February. The PUNS webinar was cancelled because the manual is still in draft, so when it is ready, the webinar will be rescheduled. There will be some language changes, and if an individual is served in the Consolidated waiver, they will not be able to be considered an emergency. The PUNS will capture family caregiver information more accurately. There will be a different way to track if an individual or family is in the waiver, but does not want the provider that is offered to them.
- OVR and ODP joint bulletin is still in draft form and is being reviewed in the two departments.
- Eileen Cushey (replaced Jackie Epstein who retired) has been hired as the new Training Coordinator at ODP and is making efforts to align trainings with BAS and more trainings will be added to MyODP for easy access. "Orchestrating Success" is being scratched. There will continue to be webinars for SCs to provide important information to them.
- The webinar that was held regarding Claim and Service documentation was really geared toward providers more than SC's. Columbus is working on a FAQ document for SCOs to

provide interim guidance. It is of great help if questions are submitted so they know what guidance is needed. If SC's are not able to document an "encounter" the actual day it occurs, there needs to be an acceptable way to document it. For example, would an Outlook calendar appointment verify it or should an encounter form be used? A question was asked about families signing each time a visit occurs, for now it is only necessary for them to sign once a year. Retention of records is necessary for audit purposes. There is also a discrepancy in the way different departments are authorized to bill – for example EI can bill for travel time, but SC's can't bill for that time.

- Development of training for Chapter 6100 is occurring internally at ODP now, and then will roll out to those in the field. Trainings will most likely be held regionally. May is when the majority of the regulations will be in effect. Since Chapter 51 is in effect until 6100 are adopted, you must continue to meet the expectations in Chapter 51 until then. Interpretive guidelines will also be developed for Chapter 6100s. Specific trainings that are required in Chapter 6100 will be standardized and available on MyODP that will be available to everyone.
- QA&I questions regarding Chapter 6100 will be added in Cycle 1, Year 3, FY20/21. These questions will pertain to individual rights and decision making for individuals and families.
- Recently some SCs participated in a pilot for ways to describe staffing ratios in ISP's (Philadelphia in the SE region and in Dauphin County). All will receive training in how to describe the type of supervision needed and the need for thoughtful conversations to be held by the team in order to determine the appropriate supervision needs. This information should be contained in the Health and safety sections of the ISP, the staffing ratio that is currently in the ISP will not be used in the future. The staffing shortage in DSP positions is of concern to all – it is becoming apparent that the quality of staff is not ideal, and some agencies have to resort to using temporary staffing agencies. This has made the staffing ratio language very important to providers who are struggling to get staff.
- Variances that SCs need to write - When discussing Community Participation Supports, if an individual chooses not to go out, and are therefore under the 25% requirement, what must be done for documentation? A problem is occurring for individuals served in the P/FDS waiver, that individuals are losing service because their budget will not support transportation and community activities 5 days a week. This is a big issue for individuals and families. The provider of service is sometimes faced with providing a service that is a higher rate than what is approved in their ISP because of circumstances that change in a week. The guidance from ODP is to bill at the lower rate that is approved in the ISP. There is a question of possibly being charged with fraud if they do bill for a different service than what they are actually providing. ODP has given guidance to approve all five codes and pad the units, however some AE's will not approve that, and the biggest issue is for individuals with P/FDS waivers who will exceed the cap if they use units they have not historically used.

Carol will look at dates in February when this Sub-committee could meet again to learn more about Managed Care.

Meeting was adjourned.

*The next meeting that is scheduled is a full day meeting of the full IDD Committee on January 31, 2019 Julie Mochon is scheduled to come and speak about Chapter 6100. She would greatly appreciate questions from the group to help her to provide helpful information and questions will be integrated into the FAQ that will be developed for the 6100 regs. Kristin Ahrens is scheduled to attend to share her thoughts for the future and managed care for IDD, as well as Dr. Greg Cherpes to discuss the "Fatal Four".