

## **TCM Affiliate Meeting**

### **03.07.13**

**Present:** Cheryl Davenport, CDDO; Susie Kirkwood, CDDO; Paula O'Brian, CDDO; Coleen Hernandez, CDDO; Crystal Nelson, Dream Catchers; Cindy Domingos, Dream Catchers; Michele Heydon, Sunflower Supports; Celeste Hund, Sunflower Supports; Ali Pontious, Sunflower Supports; Sabrina Crevoiserat, ESCF; Margie Pressgrove, AES; Tracy LeMaster, TARC; Tracey Herman, TARC; Ann Barr, TARC; Tim Gorton, SLI; Nathaniel Penny, SLI; Donna Holstein, SLI; Erin Toby, SLI; Dawn Zabala, SLI; Sabrina Winston, CDDO; Larry Castro, KDADS; Larry Collins, SLI; Nancy Rhone, CDDO; Robert Smith, CDDO

The meetings opened with a youtube.com video "Disabled Basketball Player ..." Since the video was on YouTube both boys featured have been on the Ellen DeGeneres show. The video is no longer viewable on YouTube.

#### CDDO Updates:

- Private Pay and non-Medicaid TCM case notes for billing should be resolved permanently. Cheryl stated that they found what the issue was and fixed it and no one should be encountering the error message.
- In the next two weeks Cheryl will be rolling out the updated BCI System which will have a new web address. The new web address is due to the BCI system being moved to a TARC server. She will be sending out the new web address along with instructions on how to delete the old web address, shortcuts, etc. She stated that once that happens you will see a new document section. Within that section you will see folders instead of a list of documents. The folders are designated for each type of document. For example, open the PCSP folder and you will see uploaded PCSP's with the most current on the top. The homepage has been updated so there is now an option to access the PAS (Personal Awareness & Satisfaction) tool from the homepage vs. through the POC section. Cheryl stated that everyone should experience a faster response time. Once the server has changed there will be more electronic files. The first step will be implemented once the server is changed. **You will be notified by the CDDO when to start uploading the documentation.** The next step is developing the POC Additional Information Sheet electronic so it may be submitted on the computer (Note: you will not be able to submit the POC until all required documentation is uploaded).
- **Robert stated that after we start the uploading process he will need the POC Additional Information sheet submitted with the signed POC.**
- Cheryl will keep everyone informed on the status and will send out "cheat sheets" when we get started. \*Only signed POC's and the Additional Information Sheet will be submitted as paper. The other required documentation will be uploaded when notified to start uploading. One of the advantages will be that you don't have to be in a specific section to upload documents. She stated that when you upload a document it will be there.

- BASIS Reminders – The BASIS is completed annually when the person is a tier zero to determine if the waiver eligibility has changed; when person’s private pay for services the BASIS assessment is only conducted annually if the provider requests it; and the initial BASIS is completed at the time eligibility for I/DD services is determined. Schedule the BASIS meeting with the Screeners two (2) months prior to the person’s birth month as this CDDO policy changed Jan. 1, 2013.
- Remember to submit any BASIS information changes when they occur including guardian information, service provider changes, where they live with and who with, if they are working or not working etc.
- Crisis Funding – Be sure that a BASIS Assessment is scheduled in a timely manner when someone is crisis approved if a BASIS has not been completed within the birth year. It was asked why the tier information was blank in BCI. Robert stated that this was implemented to avoid POC’s being done for people that have not had a BASIS done in over a year.
- POCs for inclement weather –If a POC needs to be done for inclement weather for a March birthday and you have to do a POC that goes back, complete it like you would for an individualized rate by marking the individualized rate box on the POC. Then you will be able to put the cost in manually based on the rate chart.
- It was asked if the inclement weather POC’s were due by Friday. Robert stated no what is due is the notification from day service providers requesting the exception. He also stated that the exceptions have not yet been approved by the State. As of today, Equi-Venture, Sheltered Living, Easter Seals Capper Foundation and Life Bridge have requested the day service exception.

**Guest Speaker:** Angie Reinking, United Healthcare, Outreach Specialist for Developmental Needs, Kansas Health Plan.

- ✓ Angie stated that she is the “go to” person if there is an issue for a person with I/DD enrolled with United Healthcare. She can be reached at 785-838-3729 or [angela\\_reinking@uhc.com](mailto:angela_reinking@uhc.com)
- ✓ What care coordination looks like through UHC: Angie stated that as everyone knows, the I/DD waiver has been carved out for FY2013. The medical and behavioral is included in KanCare. She stated that they do not intend to replace case managers but want to partner and be a resource. She stated that not everyone with I/DD will be assigned a care coordinator by UHC, only the individuals considered to be a health risk due to chronic health/medical or behavioral issues. There is a health assessment that they completing with individuals that identifies the need for a care coordinator. She stated that UHC welcomes case managers to contact them about individuals who may need assistance with the health risk assessment or if someone may benefit from a UHC care coordinator.
- ✓ It was asked if UHC had everyone’s information so that the case manager could speak with a UHC representative. Angie stated that in the beginning they did not receive all the information from the state. In the beginning they also thought they would need releases for case managers. It has been determined if a provider is affiliated with the CDDO, the UHC representatives could speak with DD case managers. If you have an issue, email Angie and she will speak with the Call Center supervisor. It was then asked if they will

get guardian information etc. Angie stated that there is no plan at the time for them to have access to the BASIS that has the detailed contact information. She suggested when calling to identify yourself, agency and provider number. They do not have I/DD provider numbers at this time but it will help with legitimacy. She stated that you will also need to have the person's ID number and their DOB. Without this information they will not speak with you. She stated if a family member or guardian wants to communicate on behalf of the member, to fill out the Release of Information. The ROI is located in the member handbook or online; go to the handbook page 47.

- ✓ One of the issues has been individuals being assigned primary care physicians they don't see. Angie stated that people in services are not locked into that physician named on the card. If a person has an incorrect primary care physician listed on the card, notify the UHC representative who it is. It was asked if the 90 day window allowed someone to go see any doctor. Angie stated that any time during the year a person can go see any physician. It is encouraged the doctors are in their network because if not the reimbursement rate is 90%.
- ✓ Persons served have until April 4<sup>th</sup> to change MCOs. The provider network is changing daily so check on the website at [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com) or call 1-877-542-9238. Angie stated that calling would be best as it takes time to update the website. After April 4<sup>th</sup> persons enrolled with UHC are locked into that MCO for the year.
- ✓ Value Added Services (see attached flyer) –
  - Adult dental – one exam, cleaning and x-ray per year. It was asked about billing codes as the case manager had just had a claim denied. Angie stated that she didn't know about billing but to email her and she would check into it. At this time they are not covering any other services at this time. She stated at the end of the year the Value Added Services would be re-evaluated.
  - 24/7 Nurse line – optional
  - Vision – adults can go in for an annual exam. They have also added more choices for frames, have the option of contacts if the person fits the criteria, they have also added one replacement for loss, theft or breakage.
- ✓ Optional:
  - Weight Watchers – after 12 classes they earn monies for work out gear.
  - Reward Card – adults can receive monies on the card for completing things such as completing their preventative screenings.
  - Pregnancy program
  - UHC will pay for a youth memberships at the YMCA, Boys & Girls Club or fees associated with 4-H. Angie stated that what they pay may not cover the whole cost.
  - There are also two additional podiatry visits and doesn't have to be medically necessary.
  - Respite - Along with the test pilot UHC will be offering respite hours to individuals that are self-directing their care.
- ✓ I/DD KanCare Pilot – Angie stated that so far at least 400 beneficiaries statewide have volunteered to participate.
- ✓ It was asked if the state was including any one that is self-directed in the pilot. It was stated that it is completely voluntary of who participates.
  - ✓ It was asked what the start date for the pilot. Originally the date was March 1.

- ✓ KanCare is to assist individuals with dual diagnosis and challenges that we run into as a system when seeking out mental health services for people with I/DD. She stated one of the advantages of the MCO is that they pay the bills so there are incentives to bring mental health partners to the table to see what can be done. Angie stated that sometimes the issue is not that the service is not available but that there is not a service available in the area. All three MCOs have been discussing how to bridge the gaps between service systems.
- ✓ Angie stated that one of the advantages of the MCO is that they are not limited by what Medicaid reimburses and have the option to pay for something that will benefit the consumer health wise. They would send the recommendations to their Medical Director for review who decides if the person would benefit from a piece of equipment that would eliminate health related expenses.
- ✓ It was asked who would bill the respite hours. When authorized, the financial management provider will bill and pay the worker directly. It was asked how many units and Angie thought it averaged out to be 2 days a month. It was then if they could have it every month. Angie stated that it was an annual benefit and the individual could use it as they see fit. It was asked how someone determined if someone is eligible for respite. Angie stated that right now it is for any one that requests it that is self-directing. They are looking at ways to possibly supplement for individuals in day and residential services.

**Training:**

The next meeting is May 2<sup>nd</sup> at 3 pm.