

**NC Providers Council IDD Committee Videoconference Meeting**

**10/15/2020**

**Thursday, 10 a.m. – 12 p.m.**

**Welcome and Introductions** – **Devon Cornett, Christopher White**

**Approval of Minutes from the 8/20/2020 meeting**

**New Business -**

* **CMS RFI – review Joel Maynard**

**Special Guests:**

**Kenneth Bausell, IDD Manager NC Medicaid, Behavioral Health**

* **Appendix K updates – JCB#275 Respite during virtual school released**

Respite can be used during remote learning time. We know a number of schools are going back in part. We are working on a communication to assist parents with understanding how they can use Innovations for those adaptive schedule. We are going to give more structure to those options. We are hoping the information is written well enough to answer the questions.

**TBI Waiver Renewed**- Webinar will be open to the public. 10.28.20 from 4 to 5 p.m. We are going into the structure of the waiver and then what the RFP structure will be. We are going to explain the next steps in the process. We are going to attempt to go to another catchment area with the plan to go statewide within 5 years. We are making some changes to the waiver that we hope will streamline the enrollment. We are increasing the Federal Income Cap to 300% of Federal Poverty Level. Trying to move those who are developmentally similar to the TBI Waiver versus Innovations where there is a long wait time.

**Autism Spectrum-** We are working to improve those services and we are starting by having conversations. Concerns about certification availability in NC.

**Question-** STS/RBHT- Will providers have an opportunity to get into the webinar? Yes Research Based Behavioral Health Treatment.

**EVV- Question-** HHA exchange is saying they are going to submit the claims. The 6 elements of EVV does not include any claim data requirement. There was no indication that the billing would be submitted through EVV. Kenneth will be meeting internally this Monday. Kenneth will take that back to the LME/MCOs for the EVV meeting.

Survey- Are you aware of the survey that we are being asked to complete by the 21st? Peyton suggested that we meet prior to the Monday meeting and give Kenneth a clear understanding of the issue. Kenneth offered to meet tomorrow at 10:30 a.m. Robin forwarded the survey to Kenneth so he could see the “Welcome Letter” that was sent to the providers. Joel will set up a Zoom call for the 10:30 a.m. meeting. Doug, Herb, Denise, and Christopher will be on the call with Kenneth. Kenneth invited Latoya to attend as well.

* **CCP – 8P updates**
* **Follow-up about people with BCBA certification providing behavior component of SCS**

**Latoya Chancey, I/DD Team Lead, Division of Mental Health, Developmental Disabilities, Substance Abuse Services**

* **NCSNAP** anyone who was interested in those classes those have gone virtual. We are working through those and getting the updated schedule online. The schedule has going live on the website shortly and it will be virtual through mid-2021. It is still the normal process to sign-up.
* **NCI Surveys**- Will be completed with families remotely. For those who do not have laptops or wireless internet access we are going to provide devices and/or hotstops so we can make this available for all who want to participate. We do hope individuals and families will take us up on this offer.
* We will have one mailed survey this year instead of 3 surveys. The one child survey will be done. For providers this will mean a lot less work. We recognize that the in person surveys is a big lift. We will use HIPPA compliant Zoom version.
* **Group Home Funding**- Session Law 2028- We have 1523 homes we are going to get that funding to . We have noticed that we are having some difficulty with those group homes are not connected to the MCO/LME. We are supposed to be processing about 400-500 invoices, but we have only received 50. This funding has to be pushed out by 12/30/20. If you have a 5600 A63 or F. Email us at [coviddhfunding@dhhs.gov](mailto:coviddhfunding@dhhs.gov)
* We will be posting the service definitions for public comment. You will see a service definition for Community Support and an amended Day Support service definition. Pay attention as it varies from the Innovations version as this is state funded. Eligibility- We are bringing back NCSNAP and SIS scores as apart of that. As soon as those get posted I will get that sent over to you. We will have a 45 day comment period to allow for providers and families to review it. We are in the process of working with Medicaid on an updated Supported Employment service definition. A lot of times we have individuals who go into the Supported Employment service and they get stuck in resume writing for years. Should not have the same goals for years and years. The state-funded service definition has not been updated since the 90s.
* We are looking at transition times for these services. We are not expecting that the transition times to be immediate. We talked about modifiers so that we can know if he individual is in Pre-Employment, Employment, or LTFA. Right now we are not able to tell surveyors where and what stage the individual is in the service. There will be phases.
* We are hoping for robust feedback on all three state funded service definitions. Recognize our funds are very limited so we want to be strategic about the use of the service. We want to be able to offer some time limited services versus all funds being directed to those who are not progressing or changing in their employment. We wish we could support everyone, but we can not so we want to support more people. We are hoping that the strategic best employment practices will yield additional folks receiving the support they need. Our focus is to cast our net wider even though eligibility looks a little tight.
* **CMS/RFI**- We have two staff at Medicaid and HCBS are combing through it and there are some specific questions then Kenneth and I can address those. We recognize that they are not all IDD Outcomes. I was curious from the NC state perspective will we have to do all 57 outcomes? Do you know what CMS is asking for or looking for with our NC compliance?

Comment- Sheryl Zerbe- Federal government has tried to roll this out 2 times and were unsuccessful. Two or three weeks ago Anchor notified us that CMS was releasing the RFI. It is lengthy and filled with detail. The timeline for response was comparatively very abbreviated. The deadline for comment was the 19th, but it has been extended. Donna Martin from Anchor was also gong through it line by line to make sense of it. We have taken some language from her and had some great comments. We had a Data Outcomes Paper that we worked on and put together and we merged those to as a good start for the NCPC Comment response to that RFI. It is easy to get lost in the clinical policies in the RFI. Everything mentioned in the RFI beyond page 2 is in agreement with the principles in the HCBS waiver. It is not contradictory.

What is really important is how it is implemented and how it is paid for and we are going to take that approach that these outcome measures are good, but how are you going to do it and how are you going to pay us to do it.

Latoya will share the draft with Danielle and LaCosta as they are doing the deep dive on it. We should get additional information from CMS during weekly calls.

**Committee Updates:**

**Business Regulatory** **– Joel Maynard – EVV, CMI, and Mini-Seminars**

**Mini-Seminars-** Various different topics on doing deep dives on topics that are important to you. CEO and limited access. November 17th is the tentative date. Tara Lawson will come in for the RFA on the Tailored Plans. Shawn S. from Alliance will come to talk about the Care Management Model and we are working on getting Cindy for the Trillium Care Management model.Help you with making the big decision on if you want to be a Care Management Agency.

**Other Topics for Mini-Seminars**- Also Risk Contracting you can not jump ahead of the steps it takes. We will talk about Value Based Contracting to go through the various confusing issues about each of these subjects.

**Data Operational Data Strategy - Peyton Maynard –** Oct. 28, 2020 Wednesday at 12 noon to 1 p.m. is the next meeting. We will review the draft of the comment from Joel in that meeting.Joel will get the draft to Latoya today. Thank you to Joel for drafting that for us.

**Clinical and Quality Call tonight at 5 p.m.**

**Updates on Old Business:**

* **EVV update and concerns**
* **HHA -** Doug Finley
* **EVV- XAO Exchange** is a sign-up not a commitment. For submitting your EVV data and billing for your services. Consideration- We have to use an additional system in order to do business. Also the timing and deadlines is different then what we have already for the MCO. MCO will deliver us back an 835. If a provider does not have their own system they will provide a login feature. HAA has not provided a commitment that
* The service that will hit us the hardest is CLS. We all have staff working multiple times a day and if every service has to go through another manual process to get an aggregated invoice we lose control of that claim.
* Why is billing included in this new requirement? Speculation- WellSky is going to stop supporting Alpha MCS in the near future. HAA has come in and offered a claims processing platform that will have a billing component.
* Issue – There have been no specs given so that our EVV vendors can be ready for this change. It does not make sense why EVV data has to also run claims.
* **EVV Behavioral Health Stakeholders Meeting is on October 22nd, information to attend will come from Sarah**
* **Concern-** Is this a land grab from a Software Provider to get new market share?
* **Question-** What happens if we do nothing with HAA, can we still work directly with the state aggregator? If you are SAN Data Approved there may be an option to use that as mechanism to deliver your data to the aggregator.
* **HAA Exchange-** No one that Doug talked to was aware that their MCO would be collecting billing data through HAA.
* How do we connect with SAN Data? – So far no answers.
* SAN Data in other states just addresses the Geo-Locator not billing.
* **Concern-** They are using their position as the vendor to the MCO to influence and market to the providers.
* **Concern-** Be careful about making the statement we are not going to complete the survey. That is a strong position to take. None of this has been presented to us in a grown-up way. We should more likely convey the message that we have not received enough information to know how to proceed with completing the survey.
* **Additional Concern with the Survey**- It’s very simplified and it does not capture the fact that some of us have different NPIs with multiple locations. Those are questions that are going to come up with multiple providers and we need to pass those questions through and think about it. The survey also does not allow you to skip questions, you can not move from one page to another without completing the first page.
* Peyton Maynard proposed that we have a call with Herb and the IT folks involved to communicate what everyone else is hearing and thinking about HAA. Dave Richard was not in the know about this either. We want to make sure that they understand the provider billing process. For larger providers to have a 3rd Party in our billing process could be catastrophic. Peyton will pull together a small work group with the IT folks to address this. Devon thanks Peyton for his support in spearheading that.
* **Red Flag**- All MCOS came to an agreement collectively about which vendor to use. They have discussed this directly and we were not invited to that meeting.
* NPI numbers are not proprietary information so it’s concerning that that’s the main focus of the survey. As any provider who works with more then one MCO is going to face this same issue. With our NPI number they are given access to our account in NCTRACKS and can make changes to our account.
* **In-lieu-Of Services – Christopher**

Waiting to hear back from Partners on the questions that were sent out. Next time we meet with Kenneth let’s put that back on his plate as he was going to ask what was the process for setting the rate that the MCO was using. Peyton will send Christopher the bullet points and then Devon will forward that to Kenneth.

* **Quality Measures for VBP (Value-Based Purchasing)**

Matthew will present on this at the Data Operational Data Meeting. In the IDD world there is no real scientific measurement for services with IDD. Vanessa stated we need to continue to fight to make sure that we are not pushed into a corner to complete two sets of outcomes for MH and IDD.

Joel has asked for any all information that could be useful in determining best practices for IDD outcomes.

**MCO updates from members**

**Vaya-** Has sent out new information on how to access the additional funding so far all additional funds have just been for group home.They went from 15% to 25% for the increase and they made it retroactive to 7.1.20.This includes some of the state funded homes.

**Cardinal-** Backed up the “Providing Care” platform launch date that will take the place of Provider Direct. They just put out a new thing about the referral process. The deadline is 10.30.20.There is a pilot group for the referral process that has tested it out.

**Partners**- Has gone up to 15% and it will continue to 12.31.20.

**Alliance-** Is going with the rinse and repeat for the $50 a day for the 4th quarter.

**Sandhills**- Did a 5% increase for Innovations.

**Most MCOs of them are continuing the rates until 12.31.20**

**Clinical Advisory Committee has a Sub-Committee –** Presented barriers issues. We completed the Supported Employment review and the next service we will review is CLS service definition. Email Devon if you are interested in participating.

**Next Meeting: 12/17/2020 10 a.m. – 12 p.m.**

**Adjournment**