WEBVTT

1
00:00:01.139 --> 00:00:01.915
And everybody,

2
00:00:01.915 --> 00:00:04.554
we're happy to have you all here for our 2nd,

3
00:00:04.584 --> 00:00:04.915
BI,

4
00:00:04.915 --> 00:00:07.974
annual statewide provider meeting um,

5
00:00:08.005 --> 00:00:10.375
today we are taking a little different approach,

6
00:00:10.404 --> 00:00:11.935
and we have carry Williams,

7
00:00:11.964 --> 00:00:13.615
the state lead for the tech,

8
00:00:13.615 --> 00:00:15.654
who is going to be Co,

9
00:00:15.654 --> 00:00:16.914
facilitating to me.

10
00:00:17.184 --> 00:00:21.114
Uh, with me, sorry, to me, we have a.

11
00:00:21.480 --> 00:00:30.329
You know, as I think everyone knows that and service providers really
need to work closely together and have the same understanding.

12
00:00:30.329 --> 00:00:45.234
And so we talked to Carrie and I, and we decided that it was really be a
good idea to incorporate subject matter for both sides of service
delivery and invite both sides to the table. So that they could hear
everything together, interpret it together.

13
00:00:45.234 --> 00:00:50.755
And be able to move forward with the same understanding. So, today we have.

14
00:00:51.750 --> 00:00:57.960
Quite lofty agenda. Very ambitious that we hope to get through.

15
00:00:57.960 --> 00:01:07.260
Pretty consistent with our agenda today. We only have 1 change and that is Mr. is not going to be able to be with us today.

16
00:01:07.260 --> 00:01:20.275
And so he asked me to cover his slides to help you understand, um, the current assessment. Um, so I will be forwarding the slides for the speaker. So hopefully, I can stay on top.

17
00:01:20.275 --> 00:01:24.745
But presenters, if you happen to notice, I'm logging just prod me a little bit.

18
00:01:24.989 --> 00:01:38.849
All right, so we'll get started and our 1st presenter today is Shelly brown, and we'll just move right on. Shelly feel introduce the next presenter and so on. We'll just move right through the presentation.

19
00:01:39.655 --> 00:01:53.935
Okay, great. Thanks, Wanda. I was asked today to visit a little bit in regards to some highlights about environmental accessibility and adoption and so we're going to talk about the function of the team with specifics to EPA service.

20
00:01:54.325 --> 00:02:08.455
So to begin with you that stands for universal design and assistive technology and so, within the definition of universal design we looked at the environment is designed to be accessed and understood by all who are utilizing it.

21
00:02:08.485 --> 00:02:20.844
So, the purpose of our service, or what we most frequently know is, homepod is to promote universal design by providing modifications to homes or vehicles in terms of accessibility.

22
00:02:21.354 --> 00:02:36.025

So, 1, function of the team is to provide technical assistance. And then the newly developed consultation phase that we have for request. So we work directly with our collaboration in Missouri housing to provide a comprehensive review.

23
00:02:36.294 --> 00:02:50.514
They have incredible expertise that they're able to provide in this area as well. And then we really want to be able to give you the best information we can to be sure that there's a success in that service delivery. So we've currently designed that request that's over.

24
00:02:50.514 --> 00:03:03.955
5,000 dollars will be reviewed by this consultation team. And as of December, 1st, we've had 36 consultations, and we've had over 90 exchanges of technical assistance. So we recognize that there's a lot of information sharing.

25
00:03:03.955 --> 00:03:13.585
We know that there's a need for some additional information. And so we, of course, will gladly take any request for that even if it doesn't meet the threshold of the 5,000 dollars.

26
00:03:15.955 --> 00:03:29.875
We also worked directly with eBay providers, rather than the local regional offices as it's been set up in the past. And so we're doing this to develop provider compliance the day to day technical assistance, such as billing payments, everything and anything in between.

27
00:03:29.875 --> 00:03:43.014
And just as we would with any other vendor service coordinator duties, um, we currently have Jason Omar serving as our vendor service coordinator. And so he's really working with providers to perform all those duties specific to services.

28
00:03:45.895 --> 00:03:57.055
A few resources that we wanted to share is that we did have a webinar back in November, and it is available here on the website through this link. And this provides just an overview of the process and the requirements.

29
00:03:57.715 --> 00:04:07.405
We also outline some of the additional tools that we designed in order to try to ensure compliance and really help team, develop a comprehensive plan when they're authorizing services.

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00:04:07.794 --> 00:04:22.134

So, if you go to the tools link, that will also give you some more details of the processes. Knowing we don't have extra time today to go through all of those really taking the opportunity to go through. That will give you some more understanding of how to utilize those tools.

31
00:04:22.404 --> 00:04:29.274
Why they're in place. And then, of course, go into more detail about that consultation that we just just briefly discussed.

32
00:04:30.353 --> 00:04:33.682
We also recognize that there's a lot of additional work to be done.

33
00:04:33.682 --> 00:04:46.074
So, just as we identify through every consultation or every exchange, we have, we see new issues arising where we see that there needs to be clarification or there might be some confusion.

34
00:04:46.074 --> 00:04:57.593
So, we're really currently working to try to identify any potential barriers. And then what efforts can be strategize to really resolve those and work for the best of all. Those people involved.

35
00:04:57.894 --> 00:04:58.704
So currently,

36
00:04:58.704 --> 00:05:00.923
we're working to enhance some website content,

37
00:05:02.754 --> 00:05:09.444
pretty diligent on establishing some data reports and then any subsequent reviews we can use of that data to help guide in decisions,

38
00:05:09.684 --> 00:05:11.454
or to help identify new trends,

39
00:05:11.454 --> 00:05:18.624
that we need to be aware of also we'll be making efforts provide additional training or support in the near future.

40
00:05:19.134 --> 00:05:32.634
This is going to be specific to some processes and consistency. 1 thing we've noted is, there seems to be various uses of the EPA services throughout the state. So, we're really going to make efforts to try to make that as consistent applications. We can statewide.

41
00:05:34.733 --> 00:05:47.064
We're also excited that this is an opportunity for us to work directly
with providers. This is an area where maybe they haven't always had quite
the intimate contact with the division before.

42
00:05:47.363 --> 00:06:01.853
So, 1 of those efforts that we're doing is to conduct quarterly meetings.
That is specific to providers and this is an opportunity just like these
meetings to have updates, but to also generate discussion and to get some
feedback from them on what's working what's not working.

43
00:06:02.093 --> 00:06:14.423
And perhaps if we need to review practices or processes, and what we can
do in place to really make sure we're putting the best efforts forth. Our
1st, meeting for that was back in January and our, next 1 is scheduled
for April.

44
00:06:15.324 --> 00:06:21.834
We're currently working to really encourage participation of providers
and so once we get a little more established,

45
00:06:21.863 --> 00:06:35.723
we really want to open those meetings up to everybody and anybody so that
we can get feedback and discussion from all and really use that feedback
to give to the division so that they can explore opportunities for
additional enhancements.

46
00:06:36.084 --> 00:06:47.634
Or, um, changes that might possibly need to be made. Um, so that's just a
quick overview of where we are with, um, specifically, um, under the
umbrella.

47
00:06:48.053 --> 00:07:01.733
Um, if you have any questions, um, if you want some training at the local
level, if you want, just to have individual discussions, or you want us
to come into your local provider meetings, um, we're happy to do that
just contact myself or Jason Omar.

48
00:07:02.184 --> 00:07:07.314
Um, and we will happily get you some more additional, some more
information. Um.

49
00:07:07.619 --> 00:07:15.718

I think Holly is up next and she's going to go on and give an update on the assistive technology side of you that.

50
00:07:15.718 --> 00:07:19.108
Good afternoon. I'm Holly. I find that.

51
00:07:19.108 --> 00:07:23.548
Provider relations specialist for technology. 1st 3, you dad.

52
00:07:24.569 --> 00:07:32.759
Um, so I wanted to start off this afternoon. Talking about shift shift is a national.

53
00:07:32.759 --> 00:07:45.538
Um, recognized education platform on enabling technology. They offer accreditations for direct care professionals, community providers, support, coordinators, degrade, professional managers and leadership staff.

54
00:07:46.559 --> 00:07:50.788
Last year the division we're pushing to accredited 911.

55
00:07:50.788 --> 00:08:05.038
Enabling technology, information, specialists and 2 community providers. This year we're developing a group of technology explores along with the technology explorers. We will be working on year to education and accreditation.

56
00:08:05.038 --> 00:08:10.168
For the community providers and the information technology.

57
00:08:10.168 --> 00:08:18.059
Enabling technology, information, specialist, that's a really long word. So we say for short and.

58
00:08:18.059 --> 00:08:26.759
What are the navigators? Well, the navigators are a group of support coordinators who are.

59
00:08:26.759 --> 00:08:31.319
Uh, shift, accredited in their program is called a navigator.

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00:08:31.319 --> 00:08:37.048

Um, we had support corners apply and be selected to participate in that accreditation.

61
00:08:37.048 --> 00:08:44.729
They were 21 support corners and 1 self, direct coordinator and they come from Kansas City central Missouri.

62
00:08:44.729 --> 00:08:51.599
St Louis in the Springfield regions, their training's going to include online learning and some virtual coaching from shift.

63
00:08:53.484 --> 00:08:55.884
The hypothesis for our project is,

64
00:08:56.394 --> 00:09:01.134
does increasing education training and support around enabling technology,

65
00:09:01.134 --> 00:09:01.614
increase,

66
00:09:01.614 --> 00:09:02.514
authorizations,

67
00:09:02.543 --> 00:09:09.443
utilization and general awareness around technology supported outcomes to improve and our maintain independence.

68
00:09:09.509 --> 00:09:24.239
The technology explores education project to collect and Matt measure data, the navigators will support guide fellow support partners and There'll be a monthly technology explorers meeting in which any support coordinator can attend.

69
00:09:24.239 --> 00:09:29.369
To receive coaching, um, around technology, supported outcomes.

70
00:09:29.369 --> 00:09:35.759
Health care assessment in coordination is a service.

71
00:09:36.778 --> 00:09:51.448
That is a direct online our phone support that assist medical and health needs and can coordinate urgent and our emergent care doctors who are

supporting the service are especially trained to support individuals who have ID.

72
00:09:51.448 --> 00:09:55.139
And it is available in all for waivers currently.

73
00:09:55.139 --> 00:09:58.889
Station D, is our only provider of.

74
00:10:00.658 --> 00:10:07.408
As of December 31st 2021, the Medicaid waiver is the only funding source.

75
00:10:07.408 --> 00:10:11.938
For health care health s.

76
00:10:11.938 --> 00:10:17.219
Therefore, people must be authorized through the Medicaid waiver in order to receive this service.

77
00:10:17.219 --> 00:10:21.808
If a person is in the waiver, but has not yet been authorized.

78
00:10:21.808 --> 00:10:27.239
There there are a few options, they can request an addendum through their support coordinator.

79
00:10:27.239 --> 00:10:32.009
Authorize that at the annual plan, or they can access the service directly.

80
00:10:32.009 --> 00:10:36.119
By calling station M. D. once they call station M. D.

81
00:10:36.119 --> 00:10:43.019
They can receive the service station de, generates a monthly report of all new users who called, who are not currently in the waiver.

82
00:10:43.019 --> 00:10:51.808
You that, and the tax work together, then to inform the support coordinator, who worked to obtain an authorization at the date of the initial call.

83

00:10:51.808 --> 00:10:59.729
The SC will authorize activated the initial call to station empty for 30 dollars. Whether it be a partial month.

84
00:10:59.729 --> 00:11:06.328
And any subsequent formats, the service was authorized under the code 99499.

85
00:11:08.068 --> 00:11:14.129
We have seen some great success with using and station MD.

86
00:11:15.563 --> 00:11:29.303
I didn't have time to get the the slide updated for our newest data, but as you can see in December, they supported 307 consultations and only 12 of those had to be referred on to emergency care, which meant 295 individuals.

87
00:11:31.589 --> 00:11:36.269
Of what is it, the stress and complications of having to seek.

88
00:11:36.413 --> 00:11:44.573
In person, emergency care, we will be hosting the team.

89
00:11:44.604 --> 00:11:55.494
We'll be hosting lunch and learns beginning March 8th through February 14th, all lunch and learns or the 2nd, Tuesday of each month from 10 from noon to 1230.

90
00:11:56.609 --> 00:12:04.499
And we will be alternating, um, each month between focusing on a system technology, and then focusing on universal design.

91
00:12:04.499 --> 00:12:12.389
So, just to get us started, a few of the upcoming ones are the basics of assistive technology the basics of universal design.

92
00:12:12.389 --> 00:12:16.078
And the difference between and 18.

93
00:12:16.078 --> 00:12:21.509
So, please be sure to be on the lookout for those email announcements every month. So you can join us.

94

00:12:21.509 --> 00:12:33.269
Of course, if you ever have suggestions or topics, or you need anything from you that you can always reach out to us at our email address technology. 1st and universal design at dot. Gov.

95
00:12:33.269 --> 00:12:45.359
The last thing I'd like to talk with you guys about today is our technology summit, which was February 3rd, 17th and 24th and I'm very, very proud of the turnout and how it.

96
00:12:45.359 --> 00:12:50.129
Which, um, but if you had a chance and couldn't make it or missed 1.

97
00:12:50.129 --> 00:12:54.568
Those all those sessions will be up on the technology.

98
00:12:54.568 --> 00:13:00.389
Summit event page on our technology 1st, patient on the damage duty website.

99
00:13:00.389 --> 00:13:08.639
And if you're attending power on April 4th or 5th, come see, Shelley, and I will be there to talk about technology 1st and universal design.

100
00:13:08.639 --> 00:13:11.849
Sally summaries I believe you're up next.

101
00:13:19.019 --> 00:13:28.318
Thank you Holly, so today I'm going to talk about electronic visit verification.

102
00:13:28.318 --> 00:13:31.589
And let's see here.

103
00:13:31.589 --> 00:13:36.178
Basically, um, the cures act as requirements.

104
00:13:36.178 --> 00:13:45.658
That States are going to implement for all Medicaid, funded personal care services both agency and self directed.

105
00:13:45.658 --> 00:13:54.178

That are provided through the Department of social services department of mental health and the Department of health and senior services.

106
00:13:54.178 --> 00:14:02.698
Meaning all providers must be able to demonstrate active efforts to fully implement as outlined in the cures act.

107
00:14:06.594 --> 00:14:21.354
The aggregator solution went live November 2021 and aggregation of V. V. record began. Most all of the DD providers have registered their vendor and completed the training.

108
00:14:21.384 --> 00:14:28.043
However, there are a few that have not and it is very critical to follow the activities required in the slide.

109
00:14:31.408 --> 00:14:37.318
I want to make sure it's noted that outreach is being provided to those who haven't registered their vendors.

110
00:14:37.318 --> 00:14:40.499
And there's, um, support available.

111
00:14:40.499 --> 00:14:43.499
This slide is from the mental health net Web site.

112
00:14:43.499 --> 00:14:49.019
And the, the, the 3 steps that need to be taken to becoming.

113
00:14:49.019 --> 00:14:54.688
Get into compliance and 1 is just the providers need to register vendors.

114
00:14:54.688 --> 00:15:00.538
2 providers need to complete the online training and their vendors.

115
00:15:00.538 --> 00:15:07.828
Passes of testing and then logging on and making sure the system is working correctly for them.

116
00:15:07.828 --> 00:15:15.058
And the activities for the service providers must successfully in interface with the aggregator.

117
00:15:16.139 --> 00:15:28.379
We do want to address a few issues and trends that have been. We've been noticing.

118
00:15:28.379 --> 00:15:35.308
And basically, we'll help net and the division providing technical assistants to providers.

119
00:15:35.308 --> 00:15:43.619
And they've had very similar issues, so, and there again, please keep in mind. There is ongoing support and monitoring offered.

120
00:15:43.619 --> 00:15:47.639
For that vendor provider, credentialing process.

121
00:15:47.639 --> 00:15:53.879
Um, and also something else, the note that the billing process, and see more.

122
00:15:53.879 --> 00:15:59.519
Has not changed you to. We've noticed that there's been some billing rejections.

123
00:15:59.519 --> 00:16:05.879
And with the batch billing, that providers have been, including that waiver modifier.

124
00:16:05.879 --> 00:16:08.879
And that will be rejected with see more.

125
00:16:08.879 --> 00:16:13.769
The waiver modifiers are required to be added to the record.

126
00:16:13.769 --> 00:16:24.119
Or that record will reject and then, however, for billing services, service plans and Seymour, the waiver modifiers are automatically added on.

127
00:16:24.119 --> 00:16:29.278
Uh, added on and they should not be added.

128
00:16:29.278 --> 00:16:32.788

So, I know that gets a little complicated.

129
00:16:32.788 --> 00:16:36.028
A couple of other trends that we have noticed.

130
00:16:37.318 --> 00:16:41.969
And it's been brought to our attention that the memo fields.

131
00:16:41.969 --> 00:16:45.778
It's being used for other things in the memo, so.

132
00:16:45.778 --> 00:16:51.658
There's some providers entering mileage information no comments.

133
00:16:51.658 --> 00:16:55.229
Rather than entering the appropriate documentation.

134
00:16:55.229 --> 00:17:05.489
So the team is really brainstorming some effective ways of reaching out
to providers to let them know what is expected to be entered in the memo
field.

135
00:17:05.489 --> 00:17:15.659
And ultimately, it is to provide the providers, are the ones who can be
cited by Mac for not having the correct information in that field.

136
00:17:15.659 --> 00:17:20.878
Another note we are exploring options.

137
00:17:20.878 --> 00:17:24.328
Uh, regarding the documentation requirements.

138
00:17:24.328 --> 00:17:27.898
We're working a collaborative and in partnership with low Health Net.

139
00:17:27.898 --> 00:17:35.308
And Mac, to see if there's some things we can do to make that process a
little easier.

140
00:17:36.719 --> 00:17:49.469
And then we've got some resources here. I hope they're, they're, they're
very helpful and that I want to share.

141
00:17:49.469 --> 00:17:52.828
And this is the link to the mental health net page.

142
00:17:52.828 --> 00:18:04.588
Uh, the, which is really a good resource. I go to often and then the ask
at DSS dot. Gov you can.

143
00:18:04.588 --> 00:18:14.189
Any questions to that email address and then if it can be forward onto DD
related, I'll be forward on to us.

144
00:18:14.189 --> 00:18:18.358
Um, sand data, which is the owner of the aggregator.

145
00:18:18.358 --> 00:18:21.628
There'll be the aggregator from Missouri, though.

146
00:18:21.628 --> 00:18:31.348
If there are questions, that's a great resource to email any concerns
questions or issues. And then, of course, we got the state code of
regulations.

147
00:18:31.348 --> 00:18:39.778
The CSR, which is explains more about the, the vendor requirements so.

148
00:18:40.794 --> 00:18:55.523
That's all. I know. Thank you. All right back to me. So again, Dr signs
cannot be with us today. So he asked me to represent his slides.
Hopefully I catch all of the points.

149
00:18:55.523 --> 00:18:56.784
He would have liked, shared.

150
00:18:57.028 --> 00:19:09.449
We just want to give you reminders of backgrounds what we're doing, and
the timelines and the impact of using the mass versus.

151
00:19:09.449 --> 00:19:13.078
The support intensity scale so the most.

152
00:19:13.078 --> 00:19:18.959

Based Ross interesting as we try to find an acronyms a different way to.

153
00:19:18.959 --> 00:19:25.949
Differentiate the mosque versus assist um, so we developed the mass.

154
00:19:25.949 --> 00:19:38.939
In part to yes. Replaces this but there is a larger goal to replace multiple assessments. The intent is to combine the ML copy the violin.

155
00:19:38.939 --> 00:19:43.679
And what was this, this, and the prioritization of need.

156
00:19:43.679 --> 00:19:54.778
All into 1 assessment, that is what the mass is, it is like the master assessment when we can get it approved through CSR to replace.

157
00:19:54.778 --> 00:20:09.598
Those other assessments, it will become the master assessment and will eliminate the need for support coordinators to perform some prioritization of need. And.

158
00:20:09.598 --> 00:20:14.729
So on and so forth, those things that they currently do. So, um.

159
00:20:14.729 --> 00:20:17.963
The mass took about 5 years to develop,

160
00:20:18.263 --> 00:20:30.742
including normative studies with hundreds of general populations and individuals with many of you are probably a part of the assessment coordinators requests to perform both the,

161
00:20:31.073 --> 00:20:31.913
and the MAS.

162
00:20:31.979 --> 00:20:45.598
On the same person, that's how we norm things the comparison to see how close of a result that you get between 2 assessments as of July.

163
00:20:45.598 --> 00:21:00.114
The must officially replaced the support intensity, scale for rate allocation calculation purposes and between July 1. and now the assessment specialists have conducted over 1800 masses.

164
00:21:00.114 --> 00:21:14.364
So we have a really good correlation of information of per individual.
What was their last assessment with the support intensity scale and what
was their already asked associated? How did it change?

165
00:21:14.364 --> 00:21:15.173
Not change.

166
00:21:16.108 --> 00:21:20.009
According to the mocks and we'll share some of that data with you now.

167
00:21:20.009 --> 00:21:23.939
Um, if we normed it, right?

168
00:21:24.443 --> 00:21:27.054
The outcomes should be extremely similar,

169
00:21:27.114 --> 00:21:33.023
so that's what clay and Neil and Lisa Arthur and Paul crossover,

170
00:21:33.023 --> 00:21:34.854
and their team are doing now,

171
00:21:35.094 --> 00:21:36.834
is they are,

172
00:21:37.733 --> 00:21:45.683
as they find discrepancies when a person's comes out very different in a
mouse than it did in an,

173
00:21:46.374 --> 00:21:48.983
they're looking at those discrepancies and saying,

174
00:21:50.034 --> 00:21:50.423
okay,

175
00:21:50.423 --> 00:21:52.493
were those intentional they really,

176
00:21:52.493 --> 00:21:59.993

really did go up because the mosques should have in the system would have as well if it were still in place or do we miss.

177
00:22:00.209 --> 00:22:13.288
A component of the system that we should incorporate into the mass. So, their ongoing evaluation of the differences between the 2 is keeping us really close. You can see of the over 8,800.

178
00:22:13.288 --> 00:22:17.608
Mass is completed in the last 7 months.

179
00:22:17.608 --> 00:22:21.749
78 months, um, the no change.

180
00:22:21.749 --> 00:22:27.118
With the the, meaning the 1st, 6 to the 2nd SIS.

181
00:22:27.118 --> 00:22:31.469
Historically, 76.53.

182
00:22:31.469 --> 00:22:36.118
Percent of the population experiencing no change from 1 system to the next.

183
00:22:36.118 --> 00:22:41.038
When you evaluate the last this to the 1st month.

184
00:22:41.038 --> 00:22:44.669
75.53%.

185
00:22:44.669 --> 00:22:53.308
Experience no change. It's a 1% difference so they've really done a great job on norming. There's never going to be an exact.

186
00:22:53.308 --> 00:23:02.578
You know, equivalent when you're, you wouldn't be developing a new assessment if you wanted to exactly. Duplicate the previous 1.

187
00:23:02.578 --> 00:23:17.128
And so, for the increases, you'll see the same thing. The system analysis was 13.02%, increased the system. Us actually is just a tiny bit higher with a 13.39 increase.

188
00:23:17.844 --> 00:23:24.983
The decreases was a 10.45% decrease and the system was an 11.17 increase.

189
00:23:25.344 --> 00:23:33.263
So, in other words, if you look at the numbers are relatively equal, but if you want to get down to the 80 bitty little percentages.

190
00:23:35.368 --> 00:23:43.709
There were more changes in the system to the moss and there were and more of those changes were increases.

191
00:23:43.709 --> 00:23:51.388
So, overall the higher percentage of the no change was so nominal.

192
00:23:51.388 --> 00:23:56.638
And then we had quite a few of those be increases and the ones that were decreased.

193
00:23:56.963 --> 00:23:57.834
Generally,

194
00:23:58.253 --> 00:23:59.814
when they went to evaluate them,

195
00:23:59.844 --> 00:24:02.544
there was a reason that it decreased,

196
00:24:02.574 --> 00:24:05.993
either from the person's abilities had improved,

197
00:24:05.993 --> 00:24:16.253
had changed or perhaps the information represented on the was was not as accurate as it could have been when it was performed 13,

198
00:24:16.253 --> 00:24:16.584
you know,

199
00:24:16.614 --> 00:24:18.773
3 or 6 years prior to that.

200
00:24:20.189 --> 00:24:34.733

Um, so the or rate allocation score derived from the initial mass administration does not lower the provider's rate right now we're still in the norming process. We're still comparing.

201
00:24:34.733 --> 00:24:46.884
We're still making sure things are lining out the way anticipated. So, although there was that small percentage on the previous slide of, is that decreased that did not impact providers rates.

202
00:24:47.038 --> 00:24:52.169
Um, the derived from the 2nd, most administration.

203
00:24:52.169 --> 00:25:03.179
May lower the provider rates if it remains the same as the 1st or if it goes even lower than the 1st month. At that point, we'll be determining, you know.

204
00:25:03.179 --> 00:25:17.818
Whether that should be decreased by then we should have good norms. We should have a good assessment for consistency and we should be able to make that decision. The overall goal though is to neither increase or decrease the cost to providers.

205
00:25:17.818 --> 00:25:25.949
But to make the assessment itself, more reliable and the results more equitable across individuals and across providers.

206
00:25:28.138 --> 00:25:33.598
Um, 1 of the things, uh, a little later, the enrollment and rate team is gonna come on.

207
00:25:33.653 --> 00:25:46.733
And share with you, some really great information some work we're doing with making the data available to you. Um, as we know it currently is not since we went to the mass.

208
00:25:47.064 --> 00:25:54.594
Um, and so we're making some really great headway and efforts, and they'll talk a little bit about that later, uh, during the enrollment and right. Team update.

209
00:25:54.868 --> 00:26:03.058
Um, so 1 of the things I wanted to share with you is an effort we're doing, we know through org, efficiency. Um.

210
00:26:03.324 --> 00:26:11.874
That we've had a lot of changes, and some providers are working with vendor service coordinators that they previously didn't know existed. Right?

211
00:26:11.903 --> 00:26:21.354
You might be working if you are obviously, if your, uh, provider, um, you probably didn't know the members of the team before.

212
00:26:21.628 --> 00:26:31.108
And so, as we try to equalize our load, so that we're more consistently distributed and can offer better supports to providers, that means.

213
00:26:31.134 --> 00:26:41.213
Moving caseloads equalizing them more along the lines of what a support coordinator does with the people they serve instead of solely going by geographic area.

214
00:26:41.693 --> 00:26:53.483
Um, there were considerations in that, but all that's to say, you might be wondering. Hey, I got that letter 6 months ago. Telling me who my vendor service coordinator was, but I don't know what I did with my letter.

215
00:26:53.729 --> 00:26:58.919
What do I do? How do I find them or support coordinator might be saying.

216
00:26:58.919 --> 00:27:02.848
Uh, I need to call somebody about this provider. Who do I call.

217
00:27:02.848 --> 00:27:10.378
So, if you, um, we have entered and we are in the process of going through.

218
00:27:10.378 --> 00:27:17.489
And making sure on every provider contract that it is entered accurately. So, um, I.

219
00:27:17.489 --> 00:27:23.098
I'm really not the vendor service coordinator for the role of regional office, but I.

220
00:27:23.098 --> 00:27:35.153

I use that as an example, instead of a specific provider. So when you go to see more and you open the provider's contract and you search for the provider in this case, we're all a regional office.

221
00:27:35.153 --> 00:27:49.193
You see these tabs name addresses phone contacts. You're probably pretty familiar with the tag called contracts because that's where you could go to find out who the director of the agency is, who their assistant director is, the program manager.

222
00:27:49.193 --> 00:27:54.324
There's a lot of different titles that providers enter and represent their staff and see more.

223
00:27:54.628 --> 00:28:02.818
So this is the location that all providers have access to all states staff have access to you and all have access to.

224
00:28:02.818 --> 00:28:10.528
So, when you want to know who the vendor service quarter is for a provider, you come, you've look up the provider and see more.

225
00:28:10.528 --> 00:28:16.409
Go to the contacts tab and look for provider relations vendor, service coordinator.

226
00:28:16.409 --> 00:28:20.159
And right now for Rolla that's listed as me.

227
00:28:20.159 --> 00:28:34.614
So, if you click on view, you'll get it expanded. That will give you their phone number is some people included their physical addresses. The state's email addresses are all consistent, but we entered our email address.

228
00:28:34.614 --> 00:28:35.243
The same.

229
00:28:35.548 --> 00:28:45.118
And if you look in the comment section, you should also see the provider relations vendor, service coordinators, supervisory information.

230
00:28:45.473 --> 00:29:00.023

So that if you have a need and you are unable to reach your vendor
service coordinator, you have the information you need to reach out to
their supervisor to get resolution for your issues or if you have any
concerns or, you know.

231
00:29:00.358 --> 00:29:12.509
With your vendor Square, or if you would like to provide some positive
feedback about your interaction, you have access to their current
supervisor to reach out and provide that information.

232
00:29:12.509 --> 00:29:24.989
Some other ways, we're trying to identify staff and help you all be able
to find information a little better. So some other ways you could find
information.

233
00:29:25.013 --> 00:29:31.074
Not just about PR, but, um, all of our functions, we're slowly working
through them.

234
00:29:31.104 --> 00:29:44.394
Um, we're also working on some other directory methodologies so that you
can quickly identify which positions which functions work in which area
um, so, in addition to.

235
00:29:45.503 --> 00:29:59.094
See more if you are on our website and you click on the information for
service providers, there is this blue link that says provider relations,
vendor, service coordination team and not only does that.

236
00:30:00.209 --> 00:30:05.068
Let's see if it works, it does not so not only does that give you the
vendor service coordinator?

237
00:30:05.068 --> 00:30:17.334
And their supervisor, it breaks down for the whole state. Who's working
in St Louis? Well, there's 2 teams that work in the St Louis area. And it
shows you who those vendor service coordinators are it shows you who
their supervisors are cause.

238
00:30:17.334 --> 00:30:27.864
There's 2, it shows you who their supervisor supervisor is as well, which
would be myself and the regional director and then so it gives you a
little bit of that.

239
00:30:28.108 --> 00:30:36.929

You know, global picture of what the teams look like, and who you can contact if you cannot get hold of each level. Um.

240
00:30:36.929 --> 00:30:40.828
You can also there's also a link of.

241
00:30:40.828 --> 00:30:45.028
Um, to the employment 1st specialist, their information.

242
00:30:45.028 --> 00:30:58.884
There's also a roster for the quality program. Our ends on our website. There's also a tiered supports contact list for our websites. So you can see how those teams are distributed and what they look like.

243
00:30:58.913 --> 00:31:13.794
And then, of course, you can look on, uh, at the directory for the regional offices by county, um, on our website as well. We're continually working to make that system better to make communication easier.

244
00:31:13.794 --> 00:31:14.634
So you can have.

245
00:31:14.963 --> 00:31:19.703
Easier access for outreach and hopefully more responsiveness.

246
00:31:20.034 --> 00:31:32.153
Um, and so, like I said, we are working on a different directory, but if you look at this information, and you have ideas or feedback, uh, you can direct that feedback to test isaac's 1 or myself.

247
00:31:32.814 --> 00:31:38.064
And we will get the feedback into the hands necessary of, you know, how we can do a better job of.

248
00:31:38.368 --> 00:31:43.588
Hosting for your consumption, how to get hold of the right people at the right time.

249
00:31:44.848 --> 00:31:59.304
So, another subject I wanted to cover today is our residential codes. I know that there has recently been a lot of confusion around those codes and justifiably.

250

00:31:59.304 --> 00:32:06.144
So we've been through a lot of changes in the last few years, not to just count the changes in the last 8 months.

251
00:32:06.173 --> 00:32:14.423
So, it's been a little crazy, but it is really, really important that people understand and use the correct.

252
00:32:14.699 --> 00:32:23.669
Are in codes associated with the correct services. So we wanted to take just a few minutes to visit with everybody. Um.

253
00:32:23.669 --> 00:32:27.209
So a lot of the confusion came about.

254
00:32:27.354 --> 00:32:40.493
And July 2021, when we standardize the residential or and group home codes associated with RN, and that's when we found out just how many authorizations were made to the wrong code. Historically.

255
00:32:43.469 --> 00:32:46.949
Back before we revised the system.

256
00:32:46.949 --> 00:32:53.308
Um, so historically the O R. N. was authorized under the Pam's code of T.

257
00:32:53.308 --> 00:33:06.509
Uh, 1002, when we revamped the budget system, and we pulled the and off, it was authorized to that. Then we realized we needed a way to identify.

258
00:33:07.679 --> 00:33:13.078
If this person receiving RN was also an services, we need that it's a package.

259
00:33:13.433 --> 00:33:25.463
The codes, right? So that's why the codes belong to SSL are belong to the group home service, because they're packaged. It's a way to identify that these services are all provided by this provider.

260
00:33:25.644 --> 00:33:37.013
Um, they're packaged, therefore, you know, you can't choose an SSL provider in a different RN provider and a different transportation provider. Those are all 1 entity.

261
00:33:37.348 --> 00:33:42.689
So, um, the correct codes do matter.

262
00:33:42.689 --> 00:33:47.548
And we started working towards identifying by report.

263
00:33:47.548 --> 00:34:01.769
Anyone receiving group home services that was authorized to the wrong
code and started communicating that out and asking for corrections. That
would have been in September of 2021.

264
00:34:01.769 --> 00:34:06.959
All of those authorizations should be changed by now.

265
00:34:06.959 --> 00:34:11.489
There should not be any or.

266
00:34:11.489 --> 00:34:14.998
Group home services authorized.

267
00:34:14.998 --> 00:34:19.018
2 T1 002 without the modifier.

268
00:34:19.018 --> 00:34:24.088
The transition was immediate, it was not do it at the next.

269
00:34:24.088 --> 00:34:33.119
So, if you had an incorrect authorization, it should have been
communicated it should have been corrected from that point going forward.

270
00:34:33.119 --> 00:34:44.938
Um, unless simply we were able to verify that you never had the right
code on your contract to begin with. If you never had the right con code
on your contract to begin with, then we, we did move backwards.

271
00:34:44.938 --> 00:34:56.304
But if you had it, and simply, we're billing to the wrong code and had
not gotten it corrected before July 1, when we identified it in
September, we moved forward with fixing it from that point. In time
forward.

272
00:34:56.483 --> 00:35:08.934

I have been hearing from a few providers that they still do not have corrected codes that they've asked and have not received modification to have their code switched over.

273
00:35:09.293 --> 00:35:18.233
Um, which is a problem, not only for audits, but also, for many of these providers, the rate is different for T1 002 than it is for T1. 0. 0 2 TD.

274
00:35:19.949 --> 00:35:26.909
And so if you haven't changed it, it could be the difference in 3 dollars a 15 minute units.

275
00:35:26.909 --> 00:35:34.349
That the provider is not currently getting because the authorization has not been changed. So, for a little reminder.

276
00:35:34.349 --> 00:35:41.159
If a person is receiving services per the waiver, um.

277
00:35:41.159 --> 00:35:47.009
Manual per the waiver application and her bullets in number 14 dated.

278
00:35:47.009 --> 00:35:58.648
Uh, in December of 2017 was when we communicated that this change should occur, um, that person should be using T1 0. 0 2. T. D.

279
00:35:58.648 --> 00:36:10.798
There has to be a modifier behind that RnD code to associated with services. Um, just as a reminder it is the standard minimum of 60 units per month.

280
00:36:10.798 --> 00:36:13.889
Or, I'm sorry, 60 units per year.

281
00:36:13.889 --> 00:36:17.759
A minimum of 2 minutes per month required that way. You can.

282
00:36:17.759 --> 00:36:23.518
Kind of ebb and flow and use those units where you need them. If a person needs them more on 1 month and the other.

283
00:36:23.518 --> 00:36:32.789

Um, some people have more than that, but this is the minimum requirement. We also have a residential code for our for.

284
00:36:32.789 --> 00:36:38.938
lpn. That is not an automatic authorization. There is no minimum requirement.

285
00:36:38.938 --> 00:36:43.289
That is only if justified and approved by you are.

286
00:36:43.289 --> 00:36:47.398
That, um, is that the person.

287
00:36:47.398 --> 00:36:50.699
Uh, it has that code authorized.

288
00:36:50.699 --> 00:36:57.119
Likewise to the monthly are in the group home has a code with a modifier any 1.

289
00:36:57.623 --> 00:37:11.213
Currently authorized the group home, has 1.25 or 5 units per month, built into their group home daily rate. That is the minimum requirement. Most group home people do not use the additional code. T1. 0. 0 2.

290
00:37:13.378 --> 00:37:19.318
That code is only if the person can justify and be approved for you are.

291
00:37:19.318 --> 00:37:24.989
That they need more than the 1.25 hours that are built into the group homes, daily rate.

292
00:37:24.989 --> 00:37:31.679
So, um, so need to make sure that you're using the right code if you're asking for more.

293
00:37:31.679 --> 00:37:41.429
Then the 1.25 in their daily rate. Likewise, the lpn is the same thing. There's no minimum for that. lpn. That is as approved by you are.

294
00:37:41.429 --> 00:37:53.068
Shared living, uh, is its own thing shared living is the only residential or quasi residential service that does use the pm's code.

295
00:37:53.068 --> 00:37:58.349
I can offer you no reason why we did not think to create.

296
00:37:58.349 --> 00:38:11.730
A modifier associated with the shared living code. We currently have a shared living work group underway and we are looking at making modifications to that service. We're also looking at ways we need to address that.

297
00:38:11.730 --> 00:38:18.869
I think everyone knows, and we, at the division fully understand the RMS are hot commodity.

298
00:38:18.954 --> 00:38:33.114
And that it is very difficult to attract them and we, we need to have a consistent rate. So we can do that the right for shared living for, for group home. They're doing the same service in that residential oversight.

299
00:38:33.175 --> 00:38:37.914
So we are looking at that. We're working on that, talking about how we can make that difference.

300
00:38:38.099 --> 00:38:43.889
Just, as the our end uses the pm's code, so is the lpn if.

301
00:38:43.889 --> 00:38:48.420
If above and beyond if requested and approved by you are.

302
00:38:49.829 --> 00:38:55.139
So, hopefully, that will set a little bit of lights. Um, again.

303
00:38:55.139 --> 00:39:09.445
Providers, if you have someone in your services that you find, you are still billing without the modifier for this you, you need to immediately contact your support coordinator and ask for that to be corrected support coordinators.

304
00:39:09.474 --> 00:39:23.425
If you find that that is true. Need to immediately correct it again. This is not something that waits til the next renewal providers need the correct codes incorrect rates, um, as they're identified.

305

00:39:23.760 --> 00:39:27.989
Um, if you find that you have more than a handful.

306
00:39:28.135 --> 00:39:34.704
If you can't get it, if you cannot get it corrected, please reach out to
your provider relations vendor, service coordinator.

307
00:39:35.005 --> 00:39:43.554
I know I have already heard from 1 and I'm sure there are others out
there who's provided me with a list of their people receiving services.

308
00:39:43.800 --> 00:39:53.400
Who are not authorized to the right code so we'll be working through
that. So if you find, you can't get rectification. Um, please reach out.

309
00:39:53.400 --> 00:39:57.059
Uh, so we can help you get that achieved. Okay.

310
00:39:59.250 --> 00:40:08.639
So, now I am going to turn it over to the enrollment in rate team. Um, I
believe Lisa and Carla are with this. I think Michelle is.

311
00:40:08.639 --> 00:40:12.869
On leave and I will let them take it away. Ladies.

312
00:40:14.184 --> 00:40:14.875
Good afternoon,

313
00:40:14.875 --> 00:40:15.594
everyone,

314
00:40:15.985 --> 00:40:23.304
the enrollment and right team is comprised of 3 provider relations leads
and that includes Michelle brown Carla and myself,

315
00:40:23.335 --> 00:40:29.034
we surprise city our primary functions include onboarding perspective
providers,

316
00:40:29.065 --> 00:40:30.715
working with current providers,

317

00:40:30.715 --> 00:40:32.905
needing to amend their service contract,

318
00:40:33.204 --> 00:40:34.885
such as adding a new service.

319
00:40:35.215 --> 00:40:39.385
And we also complete rate allocations score evaluations.

320
00:40:40.829 --> 00:40:45.389
Since the enrollment and rate team was created in July of 2021.

321
00:40:45.389 --> 00:40:50.789
We have reviewed approximately 48 perspective provider applications.

322
00:40:50.789 --> 00:41:03.715
Of those 28 applications are approved to proceed, and those applications
are in a variety of stages in the enrollment process, we hold the
required system and philosophy training monthly for enrolling agencies.

323
00:41:03.715 --> 00:41:17.005
And if you have new agency leadership that you feel could benefit from
this overview, please contact your vendor services coordinator, or a
member of the enrollment in right. Team. And we can make sure you are
invited to the next session.

324
00:41:20.010 --> 00:41:23.065
When your organization is making agency changes,

325
00:41:23.065 --> 00:41:24.144
such as an ownership,

326
00:41:24.175 --> 00:41:27.264
change banking or amending your contract,

327
00:41:27.414 --> 00:41:32.394
you need to continue to begin the process with your assigned vendor
services coordinator,

328
00:41:32.815 --> 00:41:35.875
your will submit a request to the enrollment and right.

329

00:41:35.875 --> 00:41:39.625
Team when the action cannot be completed at the local level.

330
00:41:41.159 --> 00:41:51.570
When it provide a request to add a new service, the enrollment and rate team insurance provider systems are set up to support the new service prior to making the contract change.

331
00:41:51.570 --> 00:41:57.869
In order to insure systems, we may ask agencies to submit updated policies and procedures.

332
00:41:57.869 --> 00:42:03.179
Job descriptions or evidence of compliance.

333
00:42:04.949 --> 00:42:14.760
Last August the enrollment and right. Team began completing. All right. Evaluations associated with initial and renewed rate allocation scores.

334
00:42:14.760 --> 00:42:18.059
As of February 2022.

335
00:42:18.059 --> 00:42:22.230
We have completed approximately 9,900 evaluations.

336
00:42:23.065 --> 00:42:36.324
There are still some provider agencies without a rass contact listed in Seymour when a contact is not listed the information is being sent to the provider contact and the email initiated by the assessment team.

337
00:42:36.925 --> 00:42:41.755
If you wish to have a designee included in the rash evaluation communication.

338
00:42:42.059 --> 00:42:52.920
Or if you would like to identify an area or region contact from your current list, please notify your vendor service vendor, services coordinator and the will be updated.

339
00:42:55.110 --> 00:43:06.269
Great allocation score information is now available in Seymour for any individual who has been assessed using the mosque, which implemented in July of 2021.

340
00:43:07.224 --> 00:43:17.545
This information is found under consumer demographics, and then under identifiers, you may need to click the treat and Seymour to open to the correct category.

341
00:43:17.545 --> 00:43:23.034
But every provider and support coordinator has access to their identifiers information.

342
00:43:24.659 --> 00:43:37.170
If a person who has a moss also had a previous rate allocation score generated from this is the right allocation score information associated with the is also reflected in Seymour.

343
00:43:37.170 --> 00:43:42.179
This is right allocation score information, found under identifiers.

344
00:43:42.179 --> 00:43:52.650
Is converted to the current 5 point scale meaning asis right? Allocation score of 7 will reflect as a 5 after the conversion.

345
00:43:53.909 --> 00:43:57.960
When you receive notification, the division is honoring the higher rats.

346
00:43:57.960 --> 00:44:03.389
This means the current rate is not decreasing based on the updated right? Allocation score.

347
00:44:03.389 --> 00:44:07.769
The rate will not reduce unless there is a contracted rate change.

348
00:44:07.769 --> 00:44:14.730
Or if the mass, right allocation score continues to be lower than the last 6 rate allocation score.

349
00:44:14.730 --> 00:44:23.639
In the example on this slide, this, this was a 5 on the 5 point scale and the moss rate allocation score is a 3.

350
00:44:23.639 --> 00:44:30.840
If the mass, right allocation score stays the same at domestic at the next assessment. The right will reduce.

351
00:44:32.184 --> 00:44:35.304
If the person has not yet had a mouse, there is no right.

352
00:44:35.304 --> 00:44:47.394
Allocation score information available in Seymour we have submitted a
request to, for the historical that data back to 2017, to be uploaded to
the identifiers and we will let, you know, when that's available.

353
00:44:48.989 --> 00:44:53.940
And that's all for the enrollment and rate team and I believe Lucas Evans
is next.

354
00:44:56.400 --> 00:45:02.309
Hello, everybody here that I start my clock here, so I say all my time.

355
00:45:02.309 --> 00:45:06.179
You can go to the next slide. Please. Okay so.

356
00:45:06.179 --> 00:45:13.619
Um, everybody is talking about crisis, uh, it's the hot topic or the
pinpoint, or however you want to describe it.

357
00:45:13.619 --> 00:45:18.420
And so I wanted to spend some time, just kind of talking about crisis in
general. Um.

358
00:45:18.835 --> 00:45:32.215
And the 1st thing is don't try to read this entire slide. This is really
just a backdrop for a discussion. You can look at the slides after the
presentation you'll have access to them. I think cat dropped it in the
chat. You can zoom in and you can look at all of this stuff.

359
00:45:32.724 --> 00:45:43.614
Um, so that's the 1st thing. The 2nd thing is, even though this is where
we are now, it's also kind of where we've been for a while. So the thing
about our current kind of crisis.

360
00:45:43.920 --> 00:45:48.809
Um, is that, you know, we've always kind of had a level of crisis, um.

361
00:45:48.809 --> 00:46:00.150
Ever since I've been a part of DD and 1 of the things, we haven't done a
great job at as a, as a community as everybody is trying to figure out

what we mean, when we say crisis, because it really is a catch all term that covers.

362
00:46:00.150 --> 00:46:06.389
Really, uh, and a huge amount of things that could be going wrong. And so.

363
00:46:06.389 --> 00:46:11.670
To try to approach this in a problem solving fashion, not that we haven't done before, but.

364
00:46:11.670 --> 00:46:23.244
Currently with the, um, public health emergency and the staffing shortages, like, it's just become something that we can no longer, um, not immediately address and so trying to think about what crisis means.

365
00:46:23.425 --> 00:46:28.885
There's some common urgent needs that seem to just crop up over and over and over and these come. Um.

366
00:46:29.159 --> 00:46:37.795
Informs a teams needing a break from an individual so that they can kind of get their supports in order. So they can accept the person back.

367
00:46:37.824 --> 00:46:47.005
It could be that the person themselves needs crisis stabilization or that they are going to be homeless and need a place to live. That is a common occurrence right now.

368
00:46:47.309 --> 00:46:50.489
Uh, it could be that they need some step down.

369
00:46:50.489 --> 00:46:58.260
Place to go between, uh, restrictive setting and a typical setting it could be that they need intensive in home treatment.

370
00:46:58.260 --> 00:47:13.230
It could be that they need intensive residential treatment. So they need to go somewhere to another facility to get some treatment for a period of time and then come back to a typical home setting. It couldn't mean that they need intensive inpatient treatment. So, on a place that looks like a hospital.

371
00:47:13.230 --> 00:47:22.795

Uh, and unfortunately there's also some folks that fall into the to the bucket of currently right now, just don't seem to be able to be safely supported in an HTPS setting.

372
00:47:22.795 --> 00:47:35.005
So those are all the kind of common needs we have some existing supports, but the main main focus really for today's conversation. And I'm gonna try to keep it brief is that we've got a lot of gaps.

373
00:47:35.219 --> 00:47:42.204
So, we need, um, and by we, I mean, all of us, people in our system need access to planned and specialized behavioral respite.

374
00:47:42.204 --> 00:47:50.335
So we need plan breaks for the individual for providers we need as needed or emergent breaks when those things come up.

375
00:47:50.579 --> 00:48:04.349
Uh, we need access to psychiatry, psychiatric consultation from psychiatrists for medication management. We need access to brief stabilization services. We need access to, in home treatment. We have some of this stuff, but we don't have enough.

376
00:48:04.349 --> 00:48:08.730
We need to step down support. We need more intensive residential treatment.

377
00:48:08.730 --> 00:48:18.150
We need inpatient treatment and we need a solution for. What do we do with the folks that right now can't safely be supported in settings not that they can never be but right now they can't.

378
00:48:18.150 --> 00:48:31.199
And so next slide please. So, you know, we have been and we are doing some stuff to try to address this. Um, you can already read the yellow box. So you can kind of see where this is going. But, uh.

379
00:48:31.199 --> 00:48:41.309
We, uh, have engaged in lots of efforts across a few different domains. So the 1st, 1 is trying to figure out like, what is the best practice? What should we be doing? And how do we train people up.

380
00:48:41.309 --> 00:48:47.969
Providers practitioners the individual themselves to be able to do what they need to do.

381
00:48:47.969 --> 00:48:54.119
At least initially, and then how do we keep that going? So, once we
figure out what the best practices, like, how do we get.

382
00:48:54.119 --> 00:49:01.139
Providers or services or practitioners to keep doing what they need to do
and then what are all the policy and the service.

383
00:49:01.139 --> 00:49:04.679
Our system design, things that have to happen to make this all work.

384
00:49:04.679 --> 00:49:07.860
So 1 of the things that comes up is, you know, um.

385
00:49:07.860 --> 00:49:19.014
Supporting harder folks is more expensive, so how do we create service
lines that, um, account for that, how do we create new services that
meet, like, step down requirements or intensive treatment settings?

386
00:49:19.855 --> 00:49:32.605
And then, how do we collaborate with the, with our sister division
division of behavioral health? And so they already have a lot of capacity
and programs related to behavioral health crises. And so how do we link
up with them? So that.

387
00:49:32.969 --> 00:49:36.389
For our individuals who have behavioral health crises.

388
00:49:36.389 --> 00:49:46.079
Um, can get the support that is already available on the DBA side and so
we're working closely on what that collaboration looks like. Uh,
specifically when it comes to crisis response. So, um.

389
00:49:46.344 --> 00:50:01.074
Some of you may be aware of the existing crisis hotline that part of
mental health operates through the access prices initiative. Um, but
there's also gonna be an 908 number. It's a national number that's coming
out where anybody can call 908 and get help with the behavioral health
crisis.

390
00:50:01.074 --> 00:50:09.114

We want to make sure that those folks on the end of that line know how to successfully de escalate or assess the situation that involves somebody with.

391
00:50:09.114 --> 00:50:23.125
And we want to make sure that if there's a mobile crisis response necessary, again, this is a program that those, those crisis responders know how to successfully intervene and prevent somebody with from going to jail, or to the hospital.

392
00:50:23.125 --> 00:50:37.824
And then we also need better standards internally within on how we communicate crisis. Um, and as you see the big yellow boxes, it's not it's not enough. So, what are the key takeaways from the blazing fast thing that I just went through?

393
00:50:37.824 --> 00:50:38.155
So, next slide.

394
00:50:39.864 --> 00:50:53.034
I'm going to hit my time. We have a large gap between what we have and what we need. It's not like, we don't have some solutions already in place but in most situations, we don't have enough of whatever it is. We need we have ABA providers.

395
00:50:53.275 --> 00:51:00.715
We have some intensive residential services, but we just don't have enough. So we've got a gap. Um, the other thing that's really important is I know it's, uh.

396
00:51:01.050 --> 00:51:07.320
Kind of convenient or it's, it's timely to point to covet as a reason why we have this crisis.

397
00:51:07.320 --> 00:51:21.599
Um, but the fact is, these issues have have, um, been here for a very long time. Kobe made them more, uh, potent or made them more painful, but the, uh, the ability to hire and retain staff has existed. It's just worse. Now.

398
00:51:22.045 --> 00:51:37.014
The needs of individuals for crisis stabilization and step down and intensive treatment are had been with us for forever, even before the institutionalization. But certainly since the institutionalization Co, we've made it worse. So cope is not the sole cause it made it worse.

399
00:51:37.375 --> 00:51:49.855
And the last thing is that it's not a deviate. It's not a, it's not a community provider, and it's not a hospital problem. It's really all of our problem. We all have some ownership of this, which really leads into my last slide.

400
00:51:51.300 --> 00:52:05.909
We want to problem solve with you all so we don't have all the answers. You don't have all the answers. Dvh doesn't have all the answers, but together, perhaps we can come up with some answers to some of these very hard, very long standing problems. So, stay tuned.

401
00:52:05.909 --> 00:52:17.695
Um, for some upcoming opportunities to do some of this problem solving with us between yourselves between us between state operated, and each, each section is gonna be focused on 1 of those gaps. So you can go back to the slides.

402
00:52:17.724 --> 00:52:30.894
Not not not now, but if you go back later and look at those slides, you'll see the gaps that you identified each session will focus around 1 of those gaps and the idea will be, how can we work together to develop some innovative solutions? So really right now.

403
00:52:32.635 --> 00:52:47.514
Just, you know, it's like throwing spaghetti at the wall. We're trying to see what sticks we have a lot of opportunities to be creative. Um, and so this is a, this is a hard problem that's not going away. And so we want to engage you all as a community to come talk to us and work with us to develop some solutions.

404
00:52:47.543 --> 00:53:00.445
You may already be doing some things that could be solutions. If we can just replicate it in other places. We have some providers that are developing innovative treatment models or service models all those things we want to leverage. We want to leverage your expertise.

405
00:53:00.835 --> 00:53:05.965
We need to work together because again, this is a problem that's not going anywhere. It's been here for a long time and.

406
00:53:06.300 --> 00:53:09.389
It's going to take everybody working together to solve it.

407
00:53:09.389 --> 00:53:13.019

And that's all I've got, I got 2 minutes left look at me.

408
00:53:23.400 --> 00:53:32.610
Afternoon everyone and Kim stop with the division of developmental
disabilities and I wanted to provide some updates today regarding the
Missouri health risk screening tool, or Hearst.

409
00:53:32.610 --> 00:53:45.059
Next slide, please the divisions currently working directly with
residential providers in case management agencies that have requested to
initiate implementation and the hearse process.

410
00:53:45.059 --> 00:53:50.429
Right now we're in the phase where we're, um, encouraging provider
participation.

411
00:53:50.429 --> 00:54:02.010
Any provider agencies that are interested in initiating participation
during calendar year 2022 we're asking that you submit your request and
any questions pertaining to the Hearst process.

412
00:54:02.010 --> 00:54:06.989
To the link that I've provided here, the specific link that we manage for
this project.

413
00:54:06.989 --> 00:54:15.150
Participation at this time is going to support final process enhancements
prior to us going with full state, wide implementation.

414
00:54:15.150 --> 00:54:22.110
Statewide implementation is scheduled at this time to align with the
connection. Go live date of May 2023.

415
00:54:22.110 --> 00:54:28.409
And I did provide the email blast in relation to the connection
information, which is going to speak to in just a moment.

416
00:54:28.409 --> 00:54:34.829
The target of the timeline to have all waiver participants, receiving
their initial 1st screen.

417
00:54:34.829 --> 00:54:40.079
Is going to align with the connection project and date of May 2024.

418
00:54:40.735 --> 00:54:51.565
And again, any additional information that you're interested in, in
relation to this, 1st project can be obtained by going to the direct mail
link or I'm sorry, the direct web link that's provided. Here.

419
00:54:51.565 --> 00:54:55.974
We have a designated webpage within the division website for Hearst.

420
00:54:56.280 --> 00:55:05.909
Now that I'm going to turn it over to toy guys. Good afternoon.

421
00:55:05.909 --> 00:55:10.440
Okay, well, go ahead and get started with a connection project update
next line.

422
00:55:11.965 --> 00:55:24.235
Okay, so this kind of just goes over just to give you kind of high level,
a project status update on where we are with kind of our health
indicators that we track for the project. So currently, right now in
budget, we are green.

423
00:55:24.235 --> 00:55:32.574
We actually just got our CMS approval back in January for our fiscal 2023
budget and we got our contract amendments approved,

424
00:55:32.574 --> 00:55:36.264
which allows us to add a lot of wonderful additions to this,

425
00:55:36.264 --> 00:55:36.894
this project,

426
00:55:37.585 --> 00:55:40.135
including all of our non Medicaid.

427
00:55:40.885 --> 00:55:55.315
I would say, non Medicaid type programs. It allows us to do all of our
case management and basically 1 system. So we're really excited about
that and was able to give us a federal share match of 98.94%.

428
00:55:55.344 --> 00:56:07.554
So, we're, we're very excited that we're only going to have to use about
1.06 of, to cover the additional cost of those programs and also bring
some additional services that will support the project post. Go live.

429
00:56:12.594 --> 00:56:26.034
We are continuing to work to baseline our budget with the moving now,
down into timeline with the approval of the contract amendments and that
additional scope of work we had to update our project go live.

430
00:56:26.034 --> 00:56:32.815
So, if you aren't aware, or haven't heard in other avenues, our new go
live date is tentatively set for May 17th of 2023.

431
00:56:35.155 --> 00:56:47.844
We are currently at 66% complete with the project to date that total
percent complete, just outlines per our project schedule. We should be at
65%. So we're tracking just a little bit ahead for our project schedule.

432
00:56:48.295 --> 00:57:00.025
We're creating some additional tasks to do a. we have to do a social
security audit in the system before we bring it up so that we can have
Medicare data and eligibility data in the system.

433
00:57:00.025 --> 00:57:07.434
So we are working on a timeline to be able to do that for scope. We are
at just wanted to give folks an update.

434
00:57:07.434 --> 00:57:17.514
We have 6 different phases in the project and currently right now we're
in what's called phase 2, which is the design and build and configuration
phase and we're about 77% complete with that.

435
00:57:17.514 --> 00:57:27.985
Our goal is to hopefully wrap up requirement gathering by the end of
April this year, and then complete our build and configuration phase by
the end of August this year.

436
00:57:30.655 --> 00:57:38.275
And that is inclusive of all of that additional work that we've added in,
for gathering those requirements and configuring that that part of the
build.

437
00:57:39.175 --> 00:57:49.195
So, we've had kickoff meetings together the to start gathering the
requirements on the additional programs, which include autism case
management, only information support.

438

00:57:49.704 --> 00:58:04.014
We're doing some work around children's division support in the system trying to think. I'm, I'm sure I'm missing a couple of brain injury waiver. So, some other things there so we're, we're in the trenches collecting requirements on that as far as resources.

439
00:58:04.014 --> 00:58:18.684
Unfortunately, I think every industry now, every industry right now is kind of subject to difficulty retaining our vendor who is systems is having a hard time keeping qualified on the project.

440
00:58:18.684 --> 00:58:25.135
So we did have a couple of resignation resignations. So we're working on replacements. Good news is that.

441
00:58:25.764 --> 00:58:40.105
We did get an additional subcontractor, has an additional subcontractor that is bringing us to new folks to the team. We recently also inquired a new report writer from FBI to join the team. So we've, we've geared up work on reports.

442
00:58:40.105 --> 00:58:54.625
So that's very exciting. So, we're just trying to balance the great resignation and trying to balance and keep all the resources. We need to to stay on time and do what we need to do in this project. We are working on an offshore request.

443
00:58:54.655 --> 00:59:03.474
Fbi has submitted an offshore request to to do some of their offshore workaround development and quality control. We're waiting for a decision on that.

444
00:59:03.474 --> 00:59:16.554
And that's honestly to either stay on online with the project and keep it on time or even maybe pull in the timeframe. A little bit so we'll keep you posted on what we have there, but resources, we are tracking very tightly next slide.

445
00:59:19.230 --> 00:59:31.344
So this again, I talked about the milestones, so again, this the way the RFP, and just the way we track the entire project is based upon these project phases. So our project, our startup and planning is complete.

446
00:59:32.034 --> 00:59:46.224
Like I said, we're in that quote, unquote design and build configuration phase. But as you can see, we're also doing work in other phases because

we're taking more of an agile approach to the project. So we're, we're
trying to work and test and kind of overlap.

447
00:59:46.224 --> 00:59:56.635
And do things as we can, and keep the projects rolling and cohesive. So,
the only area that you'll see on this slide that is in a yellow is that
testing area.

448
00:59:56.635 --> 01:00:10.315
So we're trying to get up to speed on the testing plan with re,
baselining and adding some different requirements in on testing through
those contract amendments. We've had to revise the entire testing plan
because there will now be a, over the summer.

449
01:00:10.315 --> 01:00:25.105
We'll be working on doing late summer. A billing a true production, live
billing and claims test with a subset of providers. So that's a lot more
extensive work, and a lot more planning has to come into that test plan
to add that in.

450
01:00:25.105 --> 01:00:38.394
So that's why we're a little bit behind there. Otherwise, like I said, we
are a little ahead of schedule on the configuration part, and we're
hoping to wrap up those requirements and do another walkthrough.

451
01:00:38.784 --> 01:00:51.085
We're tentatively planning to do another walk through. We'll invite all
stakeholders to come basically see the configurations of connection at
the beginning of April. So we look forward to sharing more on that next
slide.

452
01:00:54.809 --> 01:01:08.875
So, again, this is just kind of project area accomplishments. These
functional requirement documents are where we're capturing the
requirements for the system, and how it basically tells the FBI to
configure our system. We're getting really, really close. Like I said to
being done with that.

453
01:01:08.875 --> 01:01:19.675
So, we have 31 of the 37 done we're actively working on the isb. We're on
version 1.1 of the 1. we're finishing up several areas in the billing and
claims. So it's very exciting.

454
01:01:19.914 --> 01:01:34.224
And 1 of the next areas that we're heavily working on to finishes
reports. So a lot of interactive work on reports, right now there's lots

of interfaces and migrations in this project. So interfaces we have 10 different ones as Ken mentioned earlier.

455
01:01:34.525 --> 01:01:38.065
1 of those is working with Hurst and electability to to connect.

456
01:01:41.219 --> 01:01:52.255
Connection with Herst and that the plan that you guys do through there and then we also are are gonna be doing an interface with acumen for the SDS side.

457
01:01:52.914 --> 01:02:06.894
We have several others where we're connecting with s'more and for billing and claims. So, we're actively working and engaging and creating all of those and then we're actively working on right now currently 7 of 11 migrations that we have to do for this.

458
01:02:07.889 --> 01:02:18.655
For this project, as far as scope, I, since I created these slides, I am happy to announce that we have signed all, but 1 of our change request with FBI.

459
01:02:18.655 --> 01:02:26.304
So that means that everything that we signed through those contract amendments, we have now detailed out within scope and out of scope and we know how to.

460
01:02:26.699 --> 01:02:30.030
Projecting go forward next slide.

461
01:02:31.675 --> 01:02:35.844
Provider engagement ideas I think I would really love to hear.

462
01:02:35.844 --> 01:02:47.215
I have my contact information on my next slide, but I would really love to hear about what are some successful ways, or what are ways that you would like, the connection project team and just, what do you want to hear about connection or what would be helpful?

463
01:02:47.215 --> 01:02:56.545
So, I would love for folks to send me any feedback that they have. I would greatly appreciate that because we want to reach out to you in the best format and in the best way possible.

464

01:02:56.605 --> 01:03:11.574
So, upcoming information that I'll be excited to share in future updates
is we'll be talking more about our user acceptance testing. We'll be
talking about that pilot billing and claims we'll be talking with
providers about batch versus manual claims and connection.

465
01:03:11.605 --> 01:03:23.965
And then for our system, we'll have single sign on. So, making sure that
all of our providers and service coordinators have active directory
state, active directory accounts because that's how you will access
connection.

466
01:03:24.594 --> 01:03:35.905
And then we are currently in the midst of working on the training plan.
And strategy, so looking forward to talking more about how the training
plan, and how testing will go forth and proceed over the summer in the
fall.

467
01:03:36.179 --> 01:03:39.659
Next line.

468
01:03:39.659 --> 01:03:51.449
And that's all I have for today. So please reach out if you have any
questions or concerns or any ideas that you would like to share with me
and don't forget to check out our connection webpage for relevant
updates.

469
01:03:51.449 --> 01:03:56.940
Thanks guys thanks.

470
01:03:59.489 --> 01:04:11.905
Again, I'm, I'm putting on somebody else's mask because Donna Rodriguez
had hoped to be here with us today, but she has flickering electricity,
which probably would not be good for trying to present.

471
01:04:11.934 --> 01:04:17.184
So luckily she gave me some very detailed slide notes. So, I can share
those with you.

472
01:04:17.605 --> 01:04:18.385
Um,

473
01:04:18.864 --> 01:04:25.795
Donna wanted to go over some of our timeline information as many of,

474
01:04:25.795 --> 01:04:26.635
you know,

475
01:04:26.934 --> 01:04:27.414
hopefully,

476
01:04:27.414 --> 01:04:27.804
all of,

477
01:04:27.804 --> 01:04:28.344
you know,

478
01:04:28.644 --> 01:04:29.755
that we have,

479
01:04:29.755 --> 01:04:31.554
what are called Medicaid waiver,

480
01:04:31.554 --> 01:04:32.304
assurances,

481
01:04:32.304 --> 01:04:33.925
or assurances,

482
01:04:34.255 --> 01:04:36.894
and these are data points that we provide to,

483
01:04:37.494 --> 01:04:39.894
to assure them that our waiver is healthy.

484
01:04:39.894 --> 01:04:47.394
That we're watching the performance, and that providers are performing in
the way that is outlined in the waiver unexpected.

485
01:04:47.394 --> 01:04:55.164
And we have assured them that performances will occur and any time and
assurance is at or below 87%.

486
01:04:56.639 --> 01:05:05.605
We have to come up with a plan of action and communicate and strategize
for how to remediate that less than 87%.

487
01:05:05.605 --> 01:05:12.355
So, it says a pretty big deal when 1 of our wave of assurances does not
meet that 87 percentile.

488
01:05:14.340 --> 01:05:22.469
And we're constantly trying to figure out how to make those better. So,
this is 1 of those.

489
01:05:22.494 --> 01:05:36.925
Things and not only as empty waiver assurance related, but it it is also
an empty 4.070 for outlining the event reporting timelines and
requirements to the regional office and event entries into the system.

490
01:05:39.989 --> 01:05:40.769
So,

491
01:05:41.215 --> 01:05:43.914
you can see that our,

492
01:05:43.945 --> 01:05:44.394
um,

493
01:05:44.425 --> 01:05:45.894
our timeline is,

494
01:05:45.954 --> 01:05:46.735
um,

495
01:05:47.034 --> 01:05:49.824
we have to report the percentage compliance for event,

496
01:05:49.824 --> 01:05:53.034
requiring immediate notification,

497
01:05:53.034 --> 01:05:56.034
critical death of performance.

498
01:05:56.034 --> 01:05:57.715
This is our internal measure.

499

01:05:57.929 --> 01:06:02.369
Um, our performance measure for death in critical events.

500
01:06:02.369 --> 01:06:16.315
So, the requirement is immediate reporting to using on call system for after our holiday reporting. Luckily, that is looking pretty good. Um, we, we're staying above 87%.

501
01:06:16.315 --> 01:06:30.835
It dropped just a little bit this last quarter any time. There is a drop, even small. It's of concern and at any time, there is a drop can ask us to explain why and what we're doing about it.

502
01:06:30.835 --> 01:06:37.855
So, 1 of the efforts is this meeting today or this part of the meeting today is to share with you the data and.

503
01:06:39.510 --> 01:06:44.579
And remind people what our timelines are um.

504
01:06:44.579 --> 01:06:47.820
So immediately report.

505
01:06:47.820 --> 01:07:01.800
Um, to DD use, so it's a strange thing, right? We so we have 4 waivers, so when we report to CMS, we have to break that data out by waiver. So, while this same component up here.

506
01:07:01.945 --> 01:07:14.875
Is 89.7 is overall okay when you split it apart across community and comprehensive is what I believe she's done, um, is that you can see in the community labor our data is below 87.

507
01:07:17.340 --> 01:07:29.454
You're like, oh, man, why can't you just round that up to 87? I have asked that many times, but that's not the way data works. We have to be honest and transparent about the results of our data. It is below 87.

508
01:07:29.485 --> 01:07:35.784
so, part of the remediation is sharing and training and just continuing to provide that outreach.

509
01:07:38.724 --> 01:07:52.824

So our percent for compliance for events requiring next business day notification, which are events, all other events that are not critical death or abuse and neglect is the next business day after the date of event or the discovery date.

510
01:07:53.099 --> 01:08:03.989
So you can see, we are doing really good on that. We actually increased last quarter, which is fabulous. That means people are really on their game, which is really a good thing. Um.

511
01:08:03.989 --> 01:08:15.480
But and I'm not sure I think she forgot to label the different the different waiver types here as of what I'm thinking, because we have the same.

512
01:08:15.480 --> 01:08:23.489
Here and you can see it went from 84.25. so that was 84.25%. Um.

513
01:08:23.489 --> 01:08:32.069
Across fiscal year, uh, 21 quarter, 2 to fiscal year 2002 quarter 1.

514
01:08:33.444 --> 01:08:41.484
So that's across a big span of time that we were consistently under 87% that is a big concern,

515
01:08:41.484 --> 01:08:45.175
because CMS can place us on a corrective action plan and does,

516
01:08:46.345 --> 01:08:47.034
and has,

517
01:08:47.034 --> 01:08:49.675
which are definitely no fun.

518
01:08:49.675 --> 01:08:54.654
And unfortunately, the trickle down effect of that is, it becomes no fun for you guys either, right?

519
01:08:54.654 --> 01:09:07.104
Because you are the ground staff, the field staff who performs these measures we're simply tracking and compiling and reporting to CMS what your performance is.

520

01:09:08.430 --> 01:09:14.699
But they will come back to us and put the division on a corrective action
plan. If they see a consistent.

521
01:09:14.725 --> 01:09:15.685
Threshold below 87%,

522
01:09:15.685 --> 01:09:20.484
and then we have to ramp up and figure out what we're gonna do to impact
that,

523
01:09:20.484 --> 01:09:20.965
um,

524
01:09:20.965 --> 01:09:35.755
are there target providers that are causing the percentage to go below 87
if so those target providers will probably wind up with some sort of
proactive action plan themselves is something we have to take very
seriously and and

525
01:09:35.755 --> 01:09:39.954
that we're sharing with you also that you can understand that as well.

526
01:09:40.949 --> 01:09:44.909
As you can see, we came up a little bit this last quarter.

527
01:09:44.909 --> 01:09:56.069
But it's still not 87 so we, we've now got a year's pattern of being
below the 87% threshold. Um, so.

528
01:09:57.234 --> 01:09:57.505
So,

529
01:09:57.505 --> 01:10:02.635
Donna wanted me to remind everyone that if it is a complaint allegation,

530
01:10:02.635 --> 01:10:06.564
suspicion of abuse and neglect death or critical event,

531
01:10:06.744 --> 01:10:11.965
you must immediately report the event to the regional office the,

532

01:10:11.965 --> 01:10:13.375
after our on call system,

533
01:10:13.375 --> 01:10:14.725
the holiday reporting.

534
01:10:14.904 --> 01:10:15.265
I know.

535
01:10:15.265 --> 01:10:17.034
That often sounds a little odd,

536
01:10:17.034 --> 01:10:22.494
because that it also involves entities who are considered regional
office,

537
01:10:22.494 --> 01:10:24.715
but so a little little odd there,

538
01:10:24.715 --> 01:10:29.994
and I'm sure someone will ask a question about that that we'll have to
clarify in the,

539
01:10:30.024 --> 01:10:30.475
in the,

540
01:10:30.505 --> 01:10:33.145
if the event occurs after DD business hours,

541
01:10:33.145 --> 01:10:38.694
you must immediately contact the regional office on call system and
report the next business day,

542
01:10:38.694 --> 01:10:43.074
enter the event into the empty system and document the date time.

543
01:10:43.074 --> 01:10:47.395
You made the verbal notification to the regional office, after hours on
call system.

544
01:10:47.845 --> 01:10:59.604

This is the same process for death and critical events again, after DD business hours, easy on call system to make your verbal notification then document the date time of your verbal notification.

545
01:11:00.024 --> 01:11:06.204
When documenting select the regional office staff as a notification type, and for the name enter on call.

546
01:11:06.449 --> 01:11:09.779
If the abuse and neglect event.

547
01:11:09.779 --> 01:11:12.414
Occurs during DD business hours,

548
01:11:12.414 --> 01:11:15.295
you may use the system as your method of immediate,

549
01:11:15.324 --> 01:11:22.164
immediate notification immediately after the event and to the empty system and for the notification types,

550
01:11:22.164 --> 01:11:25.975
select a regional office staff and for name enter empty,

551
01:11:26.005 --> 01:11:27.024
direct entry.

552
01:11:27.390 --> 01:11:37.680
Your event entry will serve as the regional office notification. So there's a difference between how you process during business hours and after business hours.

553
01:11:38.545 --> 01:11:39.654
All other events,

554
01:11:39.654 --> 01:11:42.475
which do not rise the level of abuse and neglect death,

555
01:11:42.505 --> 01:11:47.814
or critical must be entered into the empty the next business day after the event occurred,

556

01:11:48.114 --> 01:11:50.305
or was discovered again,

557
01:11:50.305 --> 01:11:53.185
you would select the notification type of regional office staff,

558
01:11:53.215 --> 01:12:00.354
and for name enter empty direct entry your event entry will serve as a
regional office notification.

559
01:12:00.659 --> 01:12:06.779
So, I really the great thing about.

560
01:12:07.045 --> 01:12:20.784
Our increased communication with providers, both on justice Friday
morning calls that she does, um, our various calls, and this BI, annual
provider meeting is that we can talk about these things.

561
01:12:21.085 --> 01:12:34.704
Um, and I'm thinking, probably in the future, we'll probably see more
discussion. Um, perhaps even a portion where we talk generalized
information in the 1st, 2 hours, maybe the last and maybe we'll extend
this a 3rd hour.

562
01:12:34.704 --> 01:12:37.795
So we can share with you specific waiver assurance data.

563
01:12:38.130 --> 01:12:43.529
Where we're at, um, what's what's below our threshold and.

564
01:12:43.529 --> 01:12:51.720
Our corrective action plans, and try to gather feedback and ideas of how
we can mitigate some of this. Um, we all know that.

565
01:12:51.720 --> 01:13:05.609
These last few years during covet has been just very difficult to
navigate so many systems. Not just but other things when you're when your
staff are working 20 hours a week over time, if not more.

566
01:13:05.875 --> 01:13:17.784
Things things get slipped unfortunately, um, but these things, especially
timelines and anything that is a waiver assurance, which is heavily
populated with health and safety.

567
01:13:18.204 --> 01:13:26.875
Um, those, that scrutiny from CMS doesn't make allowances for things like covet and other things.

568
01:13:27.090 --> 01:13:31.170
Um, so that that actually isn't something we can say.

569
01:13:31.170 --> 01:13:41.279
As our remediation tactic, it'll get better because covets over. Well, they, they'll ask us, why did it go down at all? Because it doesn't change. So, um.

570
01:13:41.279 --> 01:13:46.649
So, we might try to collect strike slightly different strategy with talking about.

571
01:13:46.649 --> 01:14:00.479
Our waiver assurances in the future and sharing that with you so that you can see for yourself what we're reporting and the impact that has potentially on the waiver on you and therefore, on the people we serve.

572
01:14:00.479 --> 01:14:10.710
Hi, so Carrie Williams, I'm going to pass it off to you to do some support monitoring updates.

573
01:14:12.234 --> 01:14:23.994
Thank you very much. Wanda. Good afternoon. Everyone my name is Carrie Williams and I'm the targeted case management technical assistance coordinator state lead today.

574
01:14:23.994 --> 01:14:28.284
I am going to be covering updates to the monitoring guidance.

575
01:14:29.699 --> 01:14:38.279
So, there is a monitoring guidance document, and it is located on the division website with the coven.

576
01:14:38.425 --> 01:14:39.625
19 information,

577
01:14:39.625 --> 01:14:44.125
where all that is housed and to locate this specific guidance document,

578
01:14:44.125 --> 01:14:49.585
you're going to go out there to the at 19 information on the DD website,

579
01:14:49.645 --> 01:14:53.454
then you will go to the DD operation provider,

580
01:14:53.454 --> 01:14:58.914
specific guidance and then you're going to see the monitoring guidance document,

581
01:14:58.914 --> 01:15:00.145
which is located there.

582
01:15:02.935 --> 01:15:13.015
Next slide please, we just wanted to make sure that everyone was aware that this guidance document has been recently updated.

583
01:15:13.555 --> 01:15:16.854
It was last revised on 218 of 22,

584
01:15:16.854 --> 01:15:29.335
and this guidance document was updated to state that based on the reduced prevalence of cobit 19 as well as the availability of vaccinations.

585
01:15:31.614 --> 01:15:38.965
That effective April 1st, 2022, all support coordination will resume the in person monitoring requirements.

586
01:15:38.965 --> 01:15:47.425
And so we're moving from that modified monitoring back to the in person monitoring requirements.

587
01:15:49.824 --> 01:15:50.034
Now,

588
01:15:50.034 --> 01:15:55.465
the division will continue to monitor the rate of coven 19 in our state,

589
01:15:55.914 --> 01:16:00.354
and we'll make any kind of adjustments as necessary to that,

590

01:16:00.354 --> 01:16:08.484
in person monitoring guidance and the support coordination monitoring
requirements as appropriate.

591
01:16:08.814 --> 01:16:15.715
So you will want to please just continue to monitor the divisions, a
webpage for any updates.

592
01:16:15.989 --> 01:16:27.029
On this slide, you can see that it includes a link to the guidance
document, and we're putting it out there so that you can go directly to
that document.

593
01:16:27.029 --> 01:16:30.810
Um, you can review it and use it for reference then.

594
01:16:30.810 --> 01:16:42.239
And within that document, you'll see, there is a link that goes to our
division 3 point as well, which includes those monitoring requirements.

595
01:16:42.239 --> 01:16:57.029
So that is really what I wanted to share with you today, and I will turn
it over to our next presenter. And I believe that is re, Evans, and she
will be updating on the tier 2 prevention and transition updates.

596
01:16:57.029 --> 01:17:09.149
Thank you everyone, everybody, I'm Marie Evans I'm the director of risk
prevention for the department.

597
01:17:09.149 --> 01:17:23.789
And I'm going to talk to you a little bit about some changes we've had
going on with the tier 2 risk prevention team and what was previously
known as community living coordinators. So we've been going through all
sorts of.

598
01:17:23.789 --> 01:17:30.090
Organizational efficiency enhancements and some structure changes. Um,
but today I want to.

599
01:17:30.090 --> 01:17:37.170
Focus more on, um, some recent changes that happened in January of 2022.

600
01:17:37.170 --> 01:17:49.590

Next slide please. So, the old transition manual was a, about a 60 page document that.

601
01:17:49.590 --> 01:17:55.350
A lot of folks said wasn't really helpful so we put together a work group of.

602
01:17:55.350 --> 01:18:09.689
Several support coordinators and a couple of risk prevention consultants who put their brains together and came up with a new solution for, um, guiding what is best practice when it comes to moving.

603
01:18:09.689 --> 01:18:15.569
And the result of that is a new community transitions webpage.

604
01:18:15.569 --> 01:18:26.965
That has all kinds of helpful documents and resources on there. Um, we took down the old transition manual. It was very outdated, um, clunky. Like I said, not up to date.

605
01:18:27.024 --> 01:18:35.125
And so, now the modern web page that we have here, I've got a screenshot there and in a little bit, I'll drop that in the chat for you as well.

606
01:18:35.520 --> 01:18:48.510
This really serves and functions as our new manual, and underneath the resources and forms section, you'll be able to see a title that still says transition manual. And that has.

607
01:18:48.510 --> 01:18:55.409
Really a breakdown of the transition process roles and responsibilities in other helpful.

608
01:18:55.409 --> 01:19:00.869
Tips and tricks to help everybody be successful when a person is moving.

609
01:19:00.869 --> 01:19:05.819
At the top of the page, you'll see transitions, coffee and chat.

610
01:19:05.819 --> 01:19:11.130
Which is our monthly ongoing? Um, virtual Webex.

611
01:19:11.130 --> 01:19:22.920

Face to we, we have our cameras on and we chat we problem solve what's working what's not working and work through any questions? Folks are having as we work on these efficiency updates.

612
01:19:23.784 --> 01:19:38.574
Another thing I want to highlight here is we really recommend that instead of downloading and saving documents to your own personal computer or your own server that instead you always go to the web page because

613
01:19:38.574 --> 01:19:42.385
that's going to make sure that you have whatever is up to date in current,

614
01:19:42.414 --> 01:19:45.654
especially when we're in a stage of.

615
01:19:45.989 --> 01:19:51.750
Um, improvement things could change at any moment you want to make sure you've got what's current.

616
01:19:53.069 --> 01:20:04.194
Um, next slide please so, beyond the coffee and chat, which is like, our informal problem solving sessions, we've also got some formal training that's been built.

617
01:20:04.524 --> 01:20:08.125
Um, not only for transitions, but also we have another.

618
01:20:08.520 --> 01:20:13.590
Series that goes along with our risk prevention. Workshops called our extra scoop.

619
01:20:13.590 --> 01:20:19.770
Which is really aimed for not only support coordinators, but provider staff.

620
01:20:19.770 --> 01:20:32.340
The vision staff, whoever's interested in learning what that extra scoop is and I'll put that in the chat as well since it's not on the slide. Um, the purpose of the extra scoop workshops is really to.

621
01:20:32.340 --> 01:20:44.095

Break down, what are the things that lead to bad transitions or 30 day notices or people being stuck in the hospital earlier? Lucas Evans talked about the state of crisis right?

622
01:20:44.095 --> 01:20:55.494
And all the things that lead to that, and, um, really what that workshop does is focused on what are some proactive things that we can be doing to address that before it gets to the crisis point.

623
01:20:57.295 --> 01:21:08.845
And then we also have here on this slide transition workshops that have a more targeted audience. So, these transition workshops are really focused on support coordinator supervisors.

624
01:21:08.965 --> 01:21:16.164
If you're not a support coordinator supervisor, you're not going to get a lot out of the training. It's really focused.

625
01:21:16.164 --> 01:21:29.034
And geared for for that direct audience where they can come get extra support on how to run transition calls, how to support their team when they're working through the transition transition process.

626
01:21:29.279 --> 01:21:39.600
So that they can take back that training and those resources, and train their own teams on how to implement strategies for success.

627
01:21:39.600 --> 01:21:50.819
We do require folks to register on Eventbrite. You can do that either by clicking the link in these slides or straight from the website we have links to register as well.

628
01:21:51.204 --> 01:22:04.555
And there are limited seats, because this is really hands on activity based. We tell everybody, you've got to have your camera on, you've got to be willing to participate, because it's not a webinar.

629
01:22:04.765 --> 01:22:17.725
Um, these are actual trainings where you're going to be learning and practicing skills. And getting feedback, um, so we do limit that to 30 because otherwise it's too much to be able to have that back and forth feedback and practicing, going on.

630
01:22:18.060 --> 01:22:22.800
But we do offer transition workshops once a month.

631
01:22:22.800 --> 01:22:29.034
And then we also have extra scoop workshops once a month, and the
transition coffee and chat.

632
01:22:29.034 --> 01:22:38.755
So, 3 weeks out of the month, you can come see the tier 2 leadership team
and get some support on transitions on risk prevention, whatever you
find.

633
01:22:39.060 --> 01:22:44.939
Helpful and beneficial and.

634
01:22:44.939 --> 01:22:53.100
I'm next slide please so, some other things we're working on as we move
forward with.

635
01:22:53.694 --> 01:23:01.704
Figuring out, what's working and not working is we're trying to come up
with smarter tracking of those crisis moves and situations.

636
01:23:01.704 --> 01:23:15.024
So, when people are stuck in the hospital, and they need to transition
back out into the community, they're stuck in jail or or just not able to
find somebody figuring out a way to track these situations that.

637
01:23:15.505 --> 01:23:27.895
Doesn't have multiple parties from the regional office, contacting
providers or contacting support coordinators how can we streamline
things? So that we are working smarter and not harder?

638
01:23:28.765 --> 01:23:30.625
And 1 of the.

639
01:23:30.960 --> 01:23:34.770
Things that goes with that is, we're looking at.

640
01:23:34.770 --> 01:23:44.335
Web based referral packets and updates. So instead of a person contacting
you, you could just go online and put yeah. There's been movement with
this person.

641
01:23:44.545 --> 01:23:53.694

There's been movement with this situation and select from a drop, drop down what type of movement and it will notify automatically whoever needs to be notified.

642
01:23:54.029 --> 01:24:04.560
And this is important, because connection won't work for every transition situation, or for every move because we have a lot of.

643
01:24:05.305 --> 01:24:16.404
Individuals that are moving that are outside of our DD system that we still come in contact with. Right? So they might be with the Department of or children's division.

644
01:24:17.005 --> 01:24:23.604
And so making sure we're still able to have a smart way to track those. It's going to be really important.

645
01:24:23.909 --> 01:24:30.329
We're also working on packaging, our tier 2 risk prevention interventions.

646
01:24:30.329 --> 01:24:36.204
For residential providers to be able to just go into reliance,

647
01:24:36.204 --> 01:24:37.375
download this information,

648
01:24:37.465 --> 01:24:51.175
this information and this intervention to be able to work side by side with individuals on learning skills that are going to be essential to help them interact in a way that will increase their quality of life.

649
01:24:51.510 --> 01:25:01.619
Things like social emotional skill building is going to be really essential and I think helpful for folks to get ahead of again that.

650
01:25:01.619 --> 01:25:05.220
Buzzword, we all keep talking about today crisis.

651
01:25:05.994 --> 01:25:06.984
And then also,

652
01:25:07.345 --> 01:25:08.994

for our own internal team,

653
01:25:09.835 --> 01:25:16.194
as we shift from the old community living coordination to risk prevention consulting,

654
01:25:16.585 --> 01:25:22.045
getting some training and resources and things for our own internal teams.

655
01:25:22.045 --> 01:25:25.435
So that they are confident and best able to support.

656
01:25:25.680 --> 01:25:29.699
Um, teams as we work on preventing risk.

657
01:25:31.345 --> 01:25:32.395
Next slide please.

658
01:25:35.875 --> 01:25:50.574
So, if you guys have questions, feel free to send those to tier 2 at dot Gov with the subject line webinar question or provider meeting question something to indicate that it's a question we need to respond to and then we'll review.

659
01:25:50.574 --> 01:25:58.765
And again, like, Wanda mentioned at the beginning, we'll follow up with the fact document and post it on the previous webinar page.

660
01:26:01.590 --> 01:26:07.529
And I think next up is Angie Brenner with a budget update.

661
01:26:11.369 --> 01:26:24.954
That is true. It is Angie the anti is on another call that she should be ending in 3 minutes. And our presenters have gone by much quicker than we had anticipated.

662
01:26:24.954 --> 01:26:30.564
It seems we're, we're all on target thinking, you know, we got to get her. We got a big agenda. We gotta move.

663
01:26:30.564 --> 01:26:40.225

We gotta move so, you know, we go faster than intended, but I do have a question actually a couple of questions for our audience that I would like to know your pulse.

664
01:26:41.609 --> 01:26:44.850
Would you, uh.

665
01:26:44.850 --> 01:26:50.970
Would you be open to extending this meeting, um, you know, 30 minutes to an hour?

666
01:26:50.970 --> 01:27:00.060
For those who want to stay and hear about the CMS labor assurances to get updates or is that just something? Or? I was like Matt or.

667
01:27:00.060 --> 01:27:07.739
Do it a different meeting or something? If you guys get into your response in the chat box kind of helps us design maybe our next go round.

668
01:27:23.550 --> 01:27:28.289
So, a few people answered, um.

669
01:27:30.210 --> 01:27:33.899
A lot of people say they would prefer a separate meeting.

670
01:27:33.899 --> 01:27:36.989
So, a few people say stay, so.

671
01:27:36.989 --> 01:27:43.560
Um, okay, hey, I got 1 question.

672
01:27:43.560 --> 01:27:52.050
And Angie came on, so yeah. angie's with this. So I am going to turn it over to her and let her take it away. Angie.

673
01:27:52.050 --> 01:27:55.529
Okay, thank you so much. I apologize. I'm running late.

674
01:27:55.529 --> 01:27:58.979
Um, we'll jump in here.

675
01:27:58.979 --> 01:28:02.310

A lot of slides I have today you probably already seen.

676
01:28:02.310 --> 01:28:10.350
But we will go through them. Do I have access? Oh, let me go. Okay. Yes, so, budget updates.

677
01:28:10.350 --> 01:28:16.319
Um, early supplemental governors paid plan and Medicaid expansion many providers have seen this. This did pass.

678
01:28:16.319 --> 01:28:26.100
So, um, so that is good news for us on the pay plan, 15 dollars an hour, which is very similar to what you're seeing in the Gov. Rec.

679
01:28:26.100 --> 01:28:30.060
With rate standardization, which we'll talk about here just in a little bit.

680
01:28:30.060 --> 01:28:33.449
What's still going through is our supplemental for over time.

681
01:28:33.449 --> 01:28:38.220
Chip authority case, management and DD counsel Kobe vaccine and these are things that.

682
01:28:38.220 --> 01:28:42.060
We've had this well, the tip authority case management.

683
01:28:42.060 --> 01:28:47.520
Of things that we've already worked on, we're just trying to get it moved over into.

684
01:28:47.520 --> 01:28:56.699
Into our regular budget appropriations, so, in the D. D Council, they are getting just some additional appropriation authority for a grant award that they had.

685
01:28:58.890 --> 01:29:02.010
We make sure to give a slide here.

686
01:29:05.039 --> 01:29:19.260

Moving slowly, Angie. I'm, I'm forwarding your slides for you. I just wonder is not working. Yeah, I'll forward it for you. So you don't have to move. So sorry, Wanda.

687
01:29:19.260 --> 01:29:22.979
For part of the governor's recommendations.

688
01:29:22.979 --> 01:29:28.289
What you'll see in there is 166Million to continue providing the standardized, um.

689
01:29:28.289 --> 01:29:37.260
Rates that is really our, um, group home, you know, our rate standardization that was in effect this year, but it was using enhanced federal match rate.

690
01:29:37.260 --> 01:29:49.739
So, what we're asking for is to to move that over to general revenue. Same thing with our provider relation provider rate adjustments at 4.9Million dollars. That's the.

691
01:29:49.739 --> 01:29:59.729
The PDA rate increase that this last year they used, um, enhanced federal match rate for federal match for that. So we're asking for that to be.

692
01:29:59.729 --> 01:30:03.149
Um, moved over to a general revenue.

693
01:30:03.149 --> 01:30:14.095
For ongoing, and then 4.5Million is for the telehealth physician service. This is what station MD was doing that has now been moved to the waiver application, um, as an official waiver service.

694
01:30:14.095 --> 01:30:18.895
And so previously it was using cures funding and so now we're asking for it to be.

695
01:30:19.739 --> 01:30:24.600
Um, moved over with the general revenue for with the rest of our waiver services.

696
01:30:24.600 --> 01:30:36.989
Okay, next slide what you'll also see in the governor's rec recommendations as 127Million for our utilization. So, for this, this is.

697
01:30:36.989 --> 01:30:46.500
1313 additional slots for in home and 402 additional slots for
residential and this is the 1st time we've been able to, um.

698
01:30:46.500 --> 01:30:57.449
Have included a cost to continue, so it's something that we've talked
about in the past. We've been able to kind of manage it in house, but as
our population continues to age.

699
01:30:57.449 --> 01:31:01.020
Um, needs increase there is, um.

700
01:31:01.020 --> 01:31:13.500
Additional funding that has been needed to help support those that have
been in the waiver to, to increase on the appropriations and funding to
provide those additional services as we age in place.

701
01:31:13.500 --> 01:31:21.420
So next slide. Okay, so here, we've got 411Million dollars for the
standardization.

702
01:31:21.420 --> 01:31:26.220
For, and this brings kind of all of our, we did a rate stay with mercy.

703
01:31:26.220 --> 01:31:32.430
This establishes that base market wage of 15 dollars an hour for our
direct support professionals.

704
01:31:32.430 --> 01:31:44.640
So, added up 411 dollars 375Million is specifically for the rate
standardization. It's all of our services again at the 15 dollar baseline
starting DSP wage.

705
01:31:44.640 --> 01:31:48.090
And then we have 36.5000.

706
01:31:48.090 --> 01:31:57.479
That is attributable to value based payments and so we can kind of dig
into that here a little bit. We're hearing a lot about the value based
payments. So if you want to go to the next slide.

707
01:31:58.679 --> 01:32:05.908

When we talk about this is a slide that Jess has worked on and presents a lot and it really helps us kind of figure out that big, big, broad picture.

708
01:32:05.908 --> 01:32:12.628
So, here we call this our flower, our Hexagon flower and what you see.

709
01:32:12.628 --> 01:32:18.298
On the left side is really, um, where we're at today.

710
01:32:18.298 --> 01:32:28.979
And then the 2nd, the 2nd, Hexagon flower is the future state of what will be, what will look like, if all of these payments value based payments um.

711
01:32:28.979 --> 01:32:34.469
Pass so again, green on here.

712
01:32:34.469 --> 01:32:38.819
It means that it's implemented orange means that it's in progress.

713
01:32:38.819 --> 01:32:43.168
Red means not implemented yet, so, as you can see on the current.

714
01:32:43.168 --> 01:32:50.099
Hexagon flower, um, we have 2 areas that we're already doing so that's our acuity based payments and then value based payments.

715
01:32:50.099 --> 01:32:59.998
Planning and research, so we have several providers that have been have joined us for our leap grant. We've lots of providers that are stakeholder.

716
01:32:59.998 --> 01:33:03.599
Engagement with that and so.

717
01:33:03.599 --> 01:33:07.288
We've received technical assistance with CMS.

718
01:33:07.288 --> 01:33:10.439
And then office, national coordinator of health I T.

719

01:33:10.439 --> 01:33:18.899
Um, to really dig in and explore value, based planning payments and then
that planning research. And so we've been doing that for several years.

720
01:33:18.899 --> 01:33:22.319
So that's kind of why we're in the green stage with that.

721
01:33:22.319 --> 01:33:30.059
So you can see in this 1st flower, too, that the red baseline wages for
stable workforce.

722
01:33:30.059 --> 01:33:41.094
This is an effort that we're currently working on all. A lot of our rates
are historically negotiated rates. They were implemented in the early 90
s and it just had colas applied to them over the years.

723
01:33:41.543 --> 01:33:45.684
So, again, the governor's recommendation includes rate increases to get
those.

724
01:33:45.958 --> 01:33:51.149
To that 15 dollars an hour standardized rates is an orange.

725
01:33:51.149 --> 01:33:54.868
Again, like I said, we've had historically, um, those.

726
01:33:54.868 --> 01:34:05.248
Negotiate negotiated rates, but we have been in the process through our
corrective action plan with CMS to move towards standardized rates with
our, um, residential services.

727
01:34:05.248 --> 01:34:08.279
So, again, we have that kind of in progress.

728
01:34:08.279 --> 01:34:20.969
And then the last 2 petals are in orange that's for data outcomes and
performance as well as ity infrastructures. And those are the areas that
we've been researching, learning and developing since our 1st, technical.

729
01:34:20.969 --> 01:34:24.208
Technical assistance with in 2018.

730
01:34:24.208 --> 01:34:27.809

So then as the with the governor recommendations.

731
01:34:27.809 --> 01:34:33.448
Then on the next on the slide next, or, I'm sorry, the flower next to it,
you'll see many of those.

732
01:34:33.448 --> 01:34:40.679
Petals turned turn to green, so that will get us closer to that middle.

733
01:34:40.679 --> 01:34:45.748
Blue section where we have that modernized value based payment
infrastructure and payment system.

734
01:34:45.748 --> 01:34:49.469
So, we are excited about everything that, um.

735
01:34:49.469 --> 01:34:53.698
We've been working on and then just what's been incorporated in the
governor's recommendations.

736
01:34:53.698 --> 01:35:00.479
So, I'll dig a little bit deeper into the budget recommendations when we
talk about value based payment.

737
01:35:00.479 --> 01:35:03.748
So, what if you do the next slide for me.

738
01:35:03.748 --> 01:35:08.819
Thank you. Okay, so in addition there was the 411Million dollars.

739
01:35:08.819 --> 01:35:13.918
Within that we had the 3600036.5Million for value based payment.

740
01:35:13.918 --> 01:35:18.269
And enhance federal match rates, federal match, um, efforts.

741
01:35:18.269 --> 01:35:27.029
And so this was all of these components were really included in our spend
plan, or how many community services spend plan and that was posted.

742
01:35:27.029 --> 01:35:39.958

Oh, last July, if you hear, just talk about it was the 1 that we're taking forever forever to, to approve it for us. So, really this is kind of aligning the governor's recommendations are aligning with much of what was in that spend plan.

743
01:35:39.958 --> 01:35:47.939
So it is 36.5Million dollars. It includes outcome based incentives and workforce, recruitment and retention.

744
01:35:47.939 --> 01:35:53.519
So, there's 4.3Million dollars, um, that's for the behavior supports incentive payments.

745
01:35:53.519 --> 01:35:58.019
And that includes quarterly incentive payments based on implementation of.

746
01:35:58.019 --> 01:36:06.509
Evidence based behavioral supports and that are really aimed at reducing behavior, risks and costs. So that's a lot of where we talk about 2 and support.

747
01:36:07.529 --> 01:36:16.408
And then we do have remote support that would be a shared savings from expanding remote services, which provides more, um, residential clients, more independence.

748
01:36:16.408 --> 01:36:27.988
Um, and then we have there's 255,000 dollars built in for providers utilizing, and just submitting that data to the States.

749
01:36:27.988 --> 01:36:36.149
Aggregator so you just get your system going and connected to the state's aggregator and you get a payment for that.

750
01:36:36.149 --> 01:36:39.179
And then we have.

751
01:36:39.179 --> 01:36:43.559
21.2Million dollar rate increase.

752
01:36:43.559 --> 01:36:47.368
And when we talk about the provider workforce recruitment.

753
01:36:47.368 --> 01:36:51.269
So, there is a percentage when.

754
01:36:51.269 --> 01:36:59.548
When a DSP attains, 1 of 3 certificate certification levels, there will be a rate increase. It's basically a 1% increase.

755
01:36:59.548 --> 01:37:05.429
When a level 1100%ofthe provider employees are certified at level 1.

756
01:37:05.429 --> 01:37:11.009
There would be a 2% increase of the base rate when 50%.

757
01:37:11.009 --> 01:37:14.099
Of the meet level 2 certification.

758
01:37:14.099 --> 01:37:17.248
A 3 increase of the, the base rate.

759
01:37:17.248 --> 01:37:24.359
When 50% meet level 3. so so that is exciting. We're going to be rolling that out.

760
01:37:24.359 --> 01:37:30.899
250,000 dollars we have is an incentive payment to providers who hire a DSP apprentice.

761
01:37:30.899 --> 01:37:34.618
With the goal of keeping, you know, that continuous talent pipeline.

762
01:37:34.618 --> 01:37:42.029
There's 98,000 dollars built in to expand current capacity of the DSP apprenticeship program.

763
01:37:42.029 --> 01:37:50.009
There's gonna be 294,000 dollars built in to create a DSP certification to create the certification levels.

764
01:37:50.009 --> 01:38:03.149
And the training modules, and then we've got 500,000 built in to really do a 1 time analysis of barriers that are preventing kind of those cross sector career paths within, you know, the various.

765
01:38:03.149 --> 01:38:09.208
Sections of our healthcare industry, so there's quite a bit flowing
through here.

766
01:38:09.208 --> 01:38:15.479
But all really trying to build up that workforce capacity and career
path.

767
01:38:15.479 --> 01:38:19.349
On the next slide will continue.

768
01:38:19.349 --> 01:38:22.498
With a few more this is still part of that.

769
01:38:22.498 --> 01:38:26.698
36.5Million dollars so.

770
01:38:28.019 --> 01:38:36.328
This would have national court hold on 1 my long slide here. National
core indicators. This is just, um.

771
01:38:36.328 --> 01:38:43.649
Submitting information to filling out the NCI with the employment
information.

772
01:38:43.649 --> 01:38:46.769
There would be a payment based on on that.

773
01:38:46.769 --> 01:38:52.198
And then participating and filling out the health risk screening tool.

774
01:38:52.198 --> 01:38:57.479
Is is another value based payment model or a value based payment? We
would do.

775
01:38:57.479 --> 01:39:04.078
And then submit the employment data and if you submit, so we're going to
come up with some reports. And if you.

776
01:39:04.078 --> 01:39:08.969
Submit the employment data to to us, then you'll get a pay for reporting.

777
01:39:08.969 --> 01:39:16.948
And then, in addition to all of the VPs, we've also worked on information technology.

778
01:39:16.948 --> 01:39:20.969
And so, with that information technology, there's going to be payments built in.

779
01:39:20.969 --> 01:39:31.168
For interoperability, and there will be payments built in for provider system enhancements and this is really to help get our providers.

780
01:39:31.168 --> 01:39:35.128
To a point where they can share data.

781
01:39:35.128 --> 01:39:41.099
Build up their systems to where they can share data with health, get and get connected with health information exchanges.

782
01:39:41.099 --> 01:39:52.319
And then, and share that data across the spectrum, um, we want to do that with our providers as well as connection. And many of these efforts, um, under this information technology was really what we've explored.

783
01:39:52.319 --> 01:39:57.988
With our leap grant it, it helps us really build that strong foundation.

784
01:39:57.988 --> 01:40:01.559
To having data across the board, um, between.

785
01:40:01.559 --> 01:40:06.988
Providers to our employee or to our, um.

786
01:40:06.988 --> 01:40:11.248
To our direct service providers are specific example.

787
01:40:11.248 --> 01:40:15.448
With our lead grant was supported employment and we were able to share data.

788
01:40:15.448 --> 01:40:21.509

From the to the support employment provider to a health information exchange hub.

789
01:40:21.509 --> 01:40:34.078
To a primary care provider, and then back again. So all of these components under the information technology would help that that data exchange. And so that's to help support our providers to get to that level.

790
01:40:35.548 --> 01:40:45.988
Next slide so, in addition to the 36Million dollars, we also have 14.6Million dollars that would really enhance the funds.

791
01:40:45.988 --> 01:40:49.588
To expand strengthen.

792
01:40:49.588 --> 01:40:56.729
Enhance our home and community based services. Um, we've talked about this a lot with our providers, um, with home modifications.

793
01:40:56.729 --> 01:41:03.448
Right now you can go through an exception process for the 10,000 to get to 10,000 dollar limit.

794
01:41:03.448 --> 01:41:10.559
What this would allow us to do is to increase that limit to 10,000 without having to go through an exception process.

795
01:41:10.559 --> 01:41:16.048
Ideally, we were hoping to get more data about the real costs of what home modifications are.

796
01:41:16.048 --> 01:41:20.248
So, we can look at permanently increasing that that limitation.

797
01:41:20.248 --> 01:41:24.208
There's also funding for the development and training um.

798
01:41:24.208 --> 01:41:27.988
The development of training, and then the implementation design for.

799
01:41:27.988 --> 01:41:33.628
Families division staff contracted service providers entities.

800
01:41:33.628 --> 01:41:38.729
On risk mitigation and just effective plan implementation.

801
01:41:38.729 --> 01:41:41.908
Looking at individual's rights dignity of risk.

802
01:41:41.908 --> 01:41:44.998
So, there would be a value based payment for that.

803
01:41:44.998 --> 01:41:54.719
Building that system, and then we also have included here within this 14Million dollars as a contract for us to.

804
01:41:54.719 --> 01:42:03.689
To really look at provider of service compliance, looking at provider, annual performance reports. We can provide a scorecard.

805
01:42:03.689 --> 01:42:09.298
Clinical mortality review, kind of beefing that up having a due process committee coordinator.

806
01:42:09.298 --> 01:42:15.328
I'm just really enhance and kind of reviewing where our system gaps are.

807
01:42:15.328 --> 01:42:20.458
Um, when it comes to qualities, so looking for the.

808
01:42:20.458 --> 01:42:26.158
We can implement to enhance the quality of services that were provided to our individuals.

809
01:42:26.158 --> 01:42:29.488
And then last, but not least on this 1.

810
01:42:29.488 --> 01:42:35.609
We've kind of sprinkled out there over the last year or so that we are looking at doing a DD health home.

811
01:42:35.609 --> 01:42:40.048
So, we've been funding and the government includes.

812
01:42:40.048 --> 01:42:43.378
The health risk screening tool.

813
01:42:43.378 --> 01:42:46.529
Just kind of developing that additional module.

814
01:42:46.529 --> 01:42:52.229
To be able to be a part of that DV, health home design. So it would be
that, that platform that would help us.

815
01:42:52.229 --> 01:42:59.038
Move to that duty, health, home model and I think I'm frozen so everyone
can hopefully still hear me.

816
01:43:01.469 --> 01:43:05.788
Can you still hear me? Yes, ma'am. I f***.

817
01:43:05.788 --> 01:43:09.748
Thank you my video for us, I was a little worried, um.

818
01:43:10.948 --> 01:43:14.248
Yeah, so we'll see. Do I have 1 more slide?

819
01:43:14.248 --> 01:43:28.078
Was that that was it in a nutshell really fast? I think it's exciting
that there are so many. There's, there's so much in in the governor's
budget recommendation.

820
01:43:28.078 --> 01:43:32.458
For the value based payment and health information technology.

821
01:43:32.458 --> 01:43:36.448
It's really important for us to have the data. That's what it helps us
to.

822
01:43:36.448 --> 01:43:42.929
Really ensure that we've got the quality of services. It helps our
providers. It helps.

823
01:43:42.929 --> 01:43:53.849

Our primary care providers to be able to wrap around and provide the best quality services for individuals. So you will continue to hear more about this. It's still going through the process. We, um.

824
01:43:53.849 --> 01:43:58.109
We've presented at the house and we presented a budget at the Senate.

825
01:43:58.109 --> 01:44:06.208
And next week, we have how subcommittee markup on the budget, and then it'll be kind of quiet then until after the legislative spring break.

826
01:44:06.208 --> 01:44:11.069
And then we'll probably hit the ground running again with with Mark up and.

827
01:44:11.069 --> 01:44:16.168
Additional additional hearings, so we do appreciate.

828
01:44:16.168 --> 01:44:20.368
Everything you all are doing, and we know that there is a lot out there.

829
01:44:20.368 --> 01:44:24.418
Going on right now so I think that's.

830
01:44:24.418 --> 01:44:28.259
That's what I have for you today, Wanda. I don't know if there's specific questions or.

831
01:44:29.338 --> 01:44:34.738
We're going to take Q and Q and a later off to the side and then post it.

832
01:44:34.738 --> 01:44:39.658
Perfect perfect, thank you. All and I apologize. I was running late too.

833
01:44:42.689 --> 01:44:57.208
Thank you Angie and thank you to all of our presenters today. Thank you for everyone who attended the webinar. I did want to clarify Wanda had asked the question earlier about the possibility of extending the meeting.

834
01:44:57.208 --> 01:44:57.779
Um,

835
01:44:57.804 --> 01:45:02.873
in terms of reviewing the CMS assurances and our performance measure,

836
01:45:02.873 --> 01:45:03.984
and that reporting,

837
01:45:04.854 --> 01:45:09.564
and did just want to clarify that she was talking in terms of the next meeting,

838
01:45:09.564 --> 01:45:13.673
not asking anyone to stay beyond what we had scheduled today,

839
01:45:13.673 --> 01:45:18.984
but just wanting the feedback about how best to share that information in the future,

840
01:45:18.984 --> 01:45:20.663
whether it be part of this meeting.

841
01:45:20.934 --> 01:45:30.054
Um, I did see some, some comments that maybe a different meeting to share that information. Anyway. I just wanted to provide that clarification.

842
01:45:30.328 --> 01:45:45.264
Um, also just a reminder that the recorded, what webinar will be posted out there to the DD website, and we will take those questions, which were placed in the chat today. We'll review those.

843
01:45:45.264 --> 01:45:51.234
And then we'll develop a Q and a document. And that will be posted to our DD website.

844
01:45:51.328 --> 01:45:58.889
Along with today's presentation, so thanks again everyone and have a great afternoon. Bye. Bye.