

Region III and IV Partnership Meeting Minutes

Date: 9/15/2009 **Time:** 1:30 p.m. – 3:30 p.m. **Location:** 3402 Franklin Road, Caldwell ID 83605 **Moderator:** Eric Brown

Information: Updates and Reports from Providers, Medicaid, and ICDE
Discussion: See Information and Discussion Minutes
Task Assignments: See Task Assignment(s).

Team Members: Maureen Johnson, Beth Moody, Deb Parsons, Jennifer Murdoch, Tiffany Thomason, Michael Wilson, Brandon Smalley, Mitzi Gumm, Cindy McLouth, Jean Christensen, Steve Marick, Hakim Hazim, Pamela and Henry Milburn, Melinda Turnbull, Lori Ferguson, Cheryl Haueter, James Baker, Joanne Anderson, Tom Moss, Corey Makizuru, Mellie Turrittin, Patty Breshears, Jason Lowry, Sabrina Radke, Kathy Eckert, Gretchen Kruger, Monica Morgan, Maureen O'Donnell, Melanie Shaw, Jill Pazdan, Jada Yancey, Barbi Burrington, Sara Lloyd, Toni Brinegar, Sara Hopwood, Joy Longstreet

Agenda Item	Information and Discussion	Task Assignment(s)
1:30pm-1:35pm Introductions/ Announcements	<ul style="list-style-type: none"> • Staff/agency introductions • IFAD submitted some information on an educational opportunity taking place at A New Leaf on September 26th. It is a brown bag meeting with a \$5 cost. More information can be found at www.ifad.us 	
1:35pm - 1:50pm Healthy Connections Updates	<ul style="list-style-type: none"> • Sara Hopwood (Region 3 HC rep) gave a current handout of Primary Care Physician (PCP) providers in Regions 3 and 4 as well as copies of the Medicaid Handbook • She encouraged providers to know who the participant's PCP is, especially for referral purposes. Referrals are good for a maximum of 365 days and need to be renewed according to the frequency indicated on the referral if less than 365 days • Healthy Connections is Idaho's managed care program that gives patients a "medical home"- patients can sign up with their current doctor or they can be auto-assigned • Patients are encouraged to call their doctor first vs. going immediately to the use of emergency services. If it is a true emergency, the ER can be utilized • ELIGIBILITY SHOULD BE CHECKED EVERYMONTH!! • Sara encouraged service coordinators to assist with patient visit etiquette- they should bring their Medicaid card, arrive early to the appointment and cancel appointments with enough notice • More information can be found on their website at http://healthandwelfare.idaho.gov/Medical/Medicaid/HealthyConnections/ProviderInformation/tabid/269/Default.aspx or by calling 1-888-528-5861 • Questions: <ol style="list-style-type: none"> 1. Who do we call to find out if a doctor has moved locations? Call HC or the previous clinic/office where the doctor was employed 2. Can doctors charge for missed appointments? Yes 3. What information do we need to have on a referral? Doctor signature, referral number at minimum. Some doctors include 	

	their stamp and address.	
<p>1:50pm-2:10pm Information Coordinator Process</p>	<ul style="list-style-type: none"> Jean Christensen led this discussion wanting to gather information on this process and how it is working for providers, specifically plan developers. The Information Coordinator (IC) has been in place for 2 months now and the purpose was to create a central storage place for Care Manager caseloads that includes participant plan review information. Care Manager caseloads have been equally distributed across the states based on regional numbers and other workload duties assigned. <p>Questions:</p> <ol style="list-style-type: none"> What is the preferred method for coinciding the History and Physical with the ISP? The IC will link them up at the point of submission. All initial and annual ISPs and addendums need to come through the IC- AN EXCEPTION TO THIS IS A&D/DD AND PCS/DD PLANS WHICH NEED TO CONTINUE THROUGH THE REGIONS AS THE CARE MANAGER COLLABORATES WITH THE NURSE REVEIWER ON THESE FOR COST-EFFECTIVENESS. If you have questions about whether or not a document was received by the IC, you can contact the IC by email or fax, please do not call in. Incomplete plan pages may come directly to regional Care Managers. What is the timeframe for getting an ISP back once it is approved? In regions 3 and 4, the mail goes out daily. If the plan is reviewed outside of these regions, it may take longer. Other regions may have different outgoing mail protocol. The business model supports having an ISP prior authorized 5 days before the expiration date of the current plan, which does not necessarily mean Plan Developers will also have the plan in their hands by then. Call Jean Christensen if there are extensive wait times on plans. Who can we call to find out is a plan is approved? Call the regional Care Manager. If it is not a plan they reviewed, they can find out who did. Please do not call the IC, they are not aware of plan approvals. <ul style="list-style-type: none"> The Regional Transfer Protocol is not always being followed according to Care Managers. The Department is aware the timeframes in the protocol are not always feasible, however, Jean stated we do need to use the protocol the best we can so that there are minimal gaps in service delivery. The Care Manager from the receiving region needs to have enough time to tie up loose ends if needed. The Transfer Protocol can be found here under “Resources”: http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/AdultDDCareManagement/tabid/211/Default.aspx Those in attendance at the meeting did not give any indication of having barriers/other issues with this protocol. Care Managers can bring Plan Developers to task if the protocol is not being used. 	
<p>2:10pm-3:10pm Person Centered Planning (PCP) Process</p>	<ul style="list-style-type: none"> Eric Brown led a round-table discussion on the PCP process works- How does it go? What are the outcomes? How are providers working together? How are needs prioritized? Ultimately, can the process be improved to slow/decrease the number of addendums One provider mentioned that for their agency, the PCP process involves an environment where the participant is most comfortable and they use concepts from the Self Direction “My Voice My Choice” workbook to guide the discussion. They try to do the PCP discussion ahead of the planning part of the process. This provider indicated they have seen meetings where there are lots of people and the participant shuts down and the providers bring their information to hand in and there has been no discussion Another provider indicated some of the meetings they have attended were not facilitated by the Plan Developer- they observed the participant(s) being “led” to agree to goals and they have been called on occasion prior to the ISP meeting to give their information to add to the plan A Plan Developer indicated that some participants are quite prepared to have their planning meetings and they do go through every need at the ISP meeting Jean indicated the scenarios above where the participant was not included or was present but forgotten in the process should not be occurring. Ultimately, the process should involved the participant and their team and the team should be able to come to a consensus and the Plan Developer should evaluate how confident they are that the team has developed a plan that is 	

	<p>adequate for a whole year</p> <ul style="list-style-type: none"> • The goal of the PCP process is to: <ol style="list-style-type: none"> 1. Encourage participant choice while educating them on their options and the benefits/consequences of those options- addendums do have the potential to decrease the effectiveness of a plan for participant outcomes 2. Have providers be responsible to bring their assessment information to the table to help the participant to prioritize their needs for the year- the team should be using the Extenuating Circumstance form if the participant's prioritized needs do not fit • Several concerns were brought forth: <ol style="list-style-type: none"> 1. The Department "over-riding" the PCP teams decisions- while the Department does look at the plan from a clinical perspective, Care Managers should be negotiating and looking at inconsistencies within the assessments and plan and calling those to the attention of the Plan Developer 2. Plans that contain hourly SL and DT may have more addendums due to authorized units 3. Keep goal areas on the plan broader- include the overall task to be achieved- once you add in a condition and/or the criteria, you have narrowed the scope too much and will need an addendum 4. If it is a true PCP process, it's not about the budget 5. Reasons for addendums in these 2 regions are mostly for changes in service providers, guardian requests, service mix changes, and participant choice 6. The idea of prior authorizing a broader code for DDA which would utilize a "service mix", i.e. authorizing group and individual hours within 2 codes- 1 for center and 1 for community based hours. 	
<p>3:10 pm Adjournment</p>	<p><i>Meeting adjourned.</i></p>	