

**Agenda**  
**Statewide Case Management Director's Meeting**  
**October 25, 2018**  
**10:00 am to 2:00pm**

**CDD Rom 103 E**  
**Short Lunch Break /Working Brown Bag Lunch**

**10:00 - 10:15 am Welcome and Introductions**

- New staff at HSD and DDSD:
  - DDSD Research and Policy Analyst Linda Ramos [linda.ramos2@state.nm.us](mailto:linda.ramos2@state.nm.us) 505-476-8841
  - HSD Selina Leyba TPA DDW Contract Administrator [Selina.leyba@satte.nm.us](mailto:Selina.leyba@satte.nm.us) 505-476-7255
- Reminder of Ground rules for comfortable productive meetings

**10:15 – 11:15 HSD/ Medical Assistance Division**

**General Reminders and updates**

Timely filing inquiries:

- Now go to Jolene Mondragon. If providers have billing issues related to **TIMELY FILING ONLY** they can email the denied TCN's to Jolene Mondragon at [JoleneA.Mondragon@state.nm.us](mailto:JoleneA.Mondragon@state.nm.us)
- All other billing issues will need to be researched by Conduent at 1-888-997-2583
- If any eligibility issues arise, please contact ISD first, then your regional case manager, HSD is last resort, and the Regional coordinators usually contacts HSD to assist

Turquoise envelope to choose another MCO:

- Open enrollment-Turquoise envelope in the mail to choose an MCO 10/1/2018-11/30/2018
- If a client has not received a Turquoise envelope, call 1-888-997-2583 or can also go to [www.yes.state.nm.us](http://www.yes.state.nm.us)
- If they are ok with who they have, they don't have to send anything.
- United Health Care clients are now with Presbyterian.

ISD Address updates:

- Reminder to update with the SSA to ensure that it is changed in our system and in the TPA system. This will also reduce the amount of returned mail
- Update any Authorized Reps information with ISD that is needed. You can use the CIU form.

**Qualis Health Updates (See Handouts: Final QSGwithedits 10.22.2018)**

- Update on 90 and 45 day letters
  - Feedback and proposed edits were received by HSD for consideration to change the language within the reminder letters. HSD accepted the recommendations and are willing to place the letters in the que for modifications. Estimated time of Implementation has not been determined.

- Edits to letters takes time, but HSD will be working on editing the letters and having CLP review.
  - Some of the proposed language may change to meet the 6<sup>th</sup> grade readability level requirement.
  - Case Managers were asked to continue helping clients understand the letter if any questions arise in the field.
  - Case Managers should also make sure that the correct client address and contact information is updated at ISD and the Social Security office to ensure that these reminder letters reach the client.
- Attaching documents to previously established episodes
  - Quick start guide for LOC submissions was updated and tested to ensure that the instructions are clear.
  - The updated QSG is posted on Qualis Health's website.
  - In the event that users are not able to add documents to the episode, users should verify that the correct internet browser is being used
    - Internet Explorer works best
    - If Internet Explorer is being used, please contact QH's technical assistance line to request access to attach documents to the established episode
    - QH will run a splash page with internet browser clarification
- Reviewing aftercare summaries as H & P for LOC /supplemental document about Physician billing code
  - Annabelle will provide update and supplement
- RFI timelines
  - State is proposing to initiate the RFI process 21 calendar days prior to the LOC expiration date to assist ISD with the cases that are pending for LOC.
  - A technical denial will be issued for LOC packets that are not submitted timely.
    - All late LOC packets will need DDSD approval letter when submitting to QH
      - QH will keep an episode opened and a technical denial will not be issued if the case manager adds notes with status.
  - CMAC did not have any issues with the proposed process
  - State will keep CM's informed regarding implementation date
- Remaining open item(s)
  - Process for LOC episodes in JIVA – can case managers initiate their own episode prior to 90 days in order to manage the alerts more efficiently?
  - Please send examples of LOC date changes and issues with new allocations to Selina Leyba for review [Selina.Leyba@state.nm.us](mailto:Selina.Leyba@state.nm.us) cc: [AnnabelleM.Martinez@state.nm.us](mailto:AnnabelleM.Martinez@state.nm.us) and [LaRisa.Rodges@state.nm.us](mailto:LaRisa.Rodges@state.nm.us)
  - State staff will follow up with QH to address multiple RFI issues reported.
    - Case managers are encouraged to send examples to Selina Leyba [Selina.Leyba@state.nm.us](mailto:Selina.Leyba@state.nm.us) cc: [AnnabelleM.Martinez@state.nm.us](mailto:AnnabelleM.Martinez@state.nm.us) and [LaRisa.Rodges@state.nm.us](mailto:LaRisa.Rodges@state.nm.us)

**11:15 -12:00 Clinical Services Bureau CARMP Audit** (See handout: Regional Meeting CARMP QA slideshow; DD Waiver Standards \_ CARMP; Final CARMP1 Revision 10-23-18)

- Jacabo (Coti) Viljoen Aspiration Risk Coordinator reviewed CARMP audit results

- Requesting feedback on edits to Final CARMP1 Revision 10-23-18 by 11/25
- Discussed issues case managers face with managing a jointly authored document by team members who are not responsive in a timely way.
- Open item- still considering options for improving process

## **12:00-12:20 Break**

### **12:20 – 1:45 Updates and Checkin's**

**QMB and New Survey Tool** (See three handouts: Attachment B, Attachment D, CMS Assurances with TAG Order of Standard and COP Level TAGS)

- Joint Steering Committee (DDSD- DHI) met as promised Aug 16 and made changes to the survey process. Committee will continue to meet and analyze survey process and make adjustments as needed. Your feedback is valuable and was a factor contributing to current changes to process.
- Handouts detail changes in red. Highlight is determination of Conditions of Participation (CoP) is based on compliance falling below 85% of the agency sample in the survey, with the exception of a 3 CoPs which are non-negotiable.
- 85% threshold is in alignment with threshold Centers for Medicare and Medicaid Services (CMS) uses with states reporting on statewide waiver assurances.

### **Outside Review Updates**

- Submissions using CISCO
  - Reminder on file size when submitting 15-20 MB
  - Reminder on CORE Confirmation email- if not received within 48 hours then we do not have the submission
  - OR will validate if a submission came through, just send an inquiry email to the CORE email with Name, DOB and whether it was an annual, revision or RFI Response.
  - The CISCO read or sent email is **not the same** as the CORE confirmation email. If you do not receive confirmation after 48 hours, please send an inquiry or resubmit the packet in its entirety.
  - It is a burden for case managers to break up submissions, reduce size of scanned documents and upload time required for submissions through CISCO as well as piecing together prior documents submitted when one part of a submission fails. Potential solutions were raised by case managers (e.g., using a table of contents, OR cover sheet and only submitting the failed document). DDSD and OR will review and try to identify feasible options for both parties.
- “Qualis to OR” RFIs on an approved budget related to COE issues- OR will send a CISCO to the case manager when they receive an RFI from Qualis because data entry cannot occur without a COE. Case managers will need to do what they can do or reach out to their RO Case management coordinator to resolve financial or medical recertification issues before the approved budget can be entered by Qualis
- OR Implementation workgroup continues
- OR Streamline plan update – preliminary results do not show a significant decrease in clinical reviews due to the increasing amounts of services being requested; requests still come in higher amounts than what is typically used; DDSD is conducting a more in-depth analysis and will share results formally when ready.

**Rate Study** (See handout: NM HCBS Rate Study Tool and Training Communication 10.23.18)

- Sarah Martinez is the case management representative on rate study subcommittee- She is responsible for providing information to case managers. Feedback can be funneled back through her or through PCG's designated email [NMHCBSRateStudy@pcgus.com](mailto:NMHCBSRateStudy@pcgus.com) .
- Check website for postings and updates about the rate study <https://nmhealth.org/about/ddsd/pgsv/ddw/> Postings will not include everything so be sure to work with your representative and be alert to quick turn around times with opportunities to provide feedback.
- Feedback on drafts of time study and cost study tools due 10/25/18.
- Participation is not required but DDS is looking for 100% provider participation to get the best results.
- Discussed Case Managers' request to see final tool prior to implementing since case management was not in drop down

**CM Site Visit Tool** (See handouts: Site Visit tool flyer date corrected; Monthly Site Visit Revisions)

- Save the Dates Flyer reviewed for roll out
  - Using new site visit form in Therap
  - Required Trainings (competency based) at the end of November for December implementation
  - Agency Admin/QA lead training in January
- Feedback Summary) – DDS still finalizing form and training to be responsive to feedback

**KYR Campaign Update Advocate Rights and Responsibilities** (See handout: Advocate Rights and Responsibilities Town Hall Flyers)

- The next evolution of the KYR Campaign includes a second round of town hall meetings across the state: Advocates Rights and Responsibilities
- Meetings are powerful – flyers were distributed for upcoming events
- Check the DOH website: for ongoing information
- Information is being gathered during these meetings to help inform the structure and programming for all HCBS waivers in New Mexico

**Standards**

- DDS is working on edits to the standards planned for release prior to January 1.
- There are no changes that dramatically affect the structure of the waiver program.
- Edits are based on feedback received during implementation that indicate confusing language, correcting errors that resulted in unintended change from prior standards and additions to clear up ambiguous requirements.
- Edits will include:
  - Clarifications to the Client File Matrix
  - Clarification of face to face requirements for case managers
  - Addition of timelines to complete Therap entry requirements to assist with efficient and timely communication of healthcare needs through Therap

**Client Satisfaction Survey**

- DDS is no longer authoring case management client satisfaction surveys
- Client satisfaction

- Review Chapter 22 Quality Improvement Strategy- while a client satisfaction survey is not necessarily required, surveys are still considered an important part of an agency's overall QIS. Any data gathered from an agency authored survey should be used to help the agency improve and can be reviewed by the agency QI committee and reported on in the annual report.

### 1:45- 2:00 Wrap Up

### 2019 Meeting Schedule

10am-2pm **Bank of the West**

January 24, 2019












April 25, 2019

July 25, 2019

October 24, 2019

### Handouts/Attachments

Name

-  A. Final QSGwithedits 10.22.2018
-  B. Regional meeting CARMP QA slideshow
-  C. DD Waiver Standards CARMP
-  D. Final CARMP1 Revision 10-23-18
-  E. Attachment B - Case Mgt. - Determination Process 9.2018
-  F. Attachment D - Compliance Determination 9.2018
-  G. CMS Assur - Service Domain w Tag Order of Standard and CoP Level Tags 8-2...
-  H. NM HCBS Rate Study\_Tool and Training Communication 10.23.18
-  I. Monthly Site Viist Tool Revisions \_ Feedback Summary
-  J. Advocate Rights Responsibilities
-  K. Site Visit tool flyer date corrected