

Community First Choice (CFC) Committee

Wednesday, November 13, 2024

11:00 AM – 12:00 PM

Virtual Meeting

Meeting Summary

Present: Cathy Ludlum, Heather Ferguson-Hull, Melissa Morton, Sheldon Toubman, Tom Fiorentino, Randell Wilson, Cynthia Carter, Skip Dugas, Karyl Lee Hall, Holly Carmichael, Krista Ostaszewski, Pearl Barnett

1. The meeting was called to order by Tom, Chair at 11:02am.
2. Tom asked for a motion to approve the minutes. RJ requested that the minutes be tabled until next meeting. Tom explained that prior to this meeting, Mary Caruso felt that the September minutes didn't accurately portray what had happened at the meeting. He further explained that Mary's comments were collegially presented to the group for the purpose of improving the experience for participants in CFC. He found them nothing but helpful.

Cathy mentioned that the minutes from the July meeting were supposed to be amended and voted on during this meeting but were not available.

Sheldon asked for a change in the September minutes on page 3. The example written was a mom was told that DSS would never approve 24-hour care without establishing medical need. His example meant DSS would never approve 24 hours care even with establishing medical need.

Both July and September minutes will be addressed in the January 25 meeting.

3. GTI Update (Holly Carmichael with GTI)
 - GTI has seen some significant improvements in the phone wait times.
 - Over the last several weeks, a 15-minute range is average.
 - A plan was submitted to the PCA Workforce Council that details efforts to improve those wait times and they will keep tracking and trending those.
 - A 90 second wait time is preferable.
 - The temp code in the app
 - This was built to ensure that the employee can always input their time.
 - EVV ties a service to an authorization so there are hiccups and delays that may occur with having prior authorizations and this code is for that purpose.
 - GTI is working with each department to better align prior authorization data so that the actual code that's funded for a service can be available in the app for folks to choose from.
 - GTI received a very large volume of data at varying levels of accuracy. Over half the employees were not active any longer.
 - Healthcare premium assistance payments were recently issued to workers.

- Every worker received an application that was streamlined so that if they had multiple employers, they just needed to fill out one application and list all their employers.
- These payments are now annualized versus every 6 months.
- Clients continue to use the PTO benefit that is now available.
 - Dust has settled on questions in terms of the accrual that was calculated based on historical work from the transition date and with prior FIs.
- GTI is continuing to make improvements in the number of service areas.

Comments

- RJ made a comment about the temporary codes and PCA payments. He says DSS has initiated a new tool utilized with GTI to address some of the temp code and non-payment issues. Going forward if there are issues, participants and PCAs can contact DSS or their access agency directly and the department will send over listings to GTI daily to mitigate those concerns.
 - Tom asked if there was something about CT that caused the phone wait times.
 - Holly responded that CT has unique circumstances such as leadership change over.
 - DSS and DDS were going through updated system changes.
 - The transition data from the prior FI was not as timely or accurate.
 - GTI has also shared positive things that they see in other states that may be helpful for CT.
 - Skip asked is there is any progress in tracking the stuff that comes in through email. He says he never gets a response.
 - Holly said that emails are tracked and recorded, and she has seen improvements with that.
 - New training processes were developed for staff. Folks are getting acknowledgement confirmation and asking if issues have been addressed.
 - Call times have improved more so than the emails.
 - Sheldon asked what the call center's contractual requirement is in terms of wait times.
 - Holly replied that the standard be under 5 minutes.
 - Sheldon also asked that the plan for addressing these delays that was presented to the PCA workforce be shared. He also wanted to know if the plan included hiring more people for the call centers.
 - Holly deferred to the PCA Workforce Council if they were fine sharing this, she would have no qualms.
 - She also said the plan includes hiring more staff, staff training and additional call center management.
4. CFC and waiver – RJ (DSS) and Krista (DDS)
- RJ explained that CFC is a state plan benefit and all individuals with active Medicaid can potentially qualify.
 - Participants need to meet nursing facility level of care based off the assessment.
 - DDS is different because members are already on a waiver program. This waiver program offers services and supports to this population which could include behavioral supports and cognitive supports as well. CFC comes in to provide the unmet need. Vice versa when an individual is active with CFC and transitioning over to the DDS waiver.

- CFC provides unmet needs of individuals related to ADLs and some IADLs. DDS provides additional supports for ADLs and IADLs, but they are also able to provide behavioral, cognitive, queuing and supervision supports as well. CFC does provide queuing and supervision related to ADLs and IDLs, but again, they must meet nursing facility level of care.
- Krista talked about what DDS and CFC has been doing collaboratively to ensure that all the individuals needs are being met.
- ADLs stands for activities of daily living such as bathing, feeding, transferring, dressing, and toileting. IADLs stands for instrumental activities of daily living which include medication management, food preparation, house cleaning and transportation.
- There are three DDS waivers.
 - Employment and day support wavier
 - Family support waiver
 - Comprehensive waiver
 - These waivers provide residential supports, day and employment supports and ancillary supports that focus on healthcare, clinical needs, modifications, and behavioral program assistance.
- With new leadership at DSS, efforts have been made to have open lines of communication, ongoing dialogue, partnership, and collaboration.

Questions

- Skip asked how the collaboration between agencies will work.
 - RJ said a direct nurse at DSS is working directly with the DDS care managers to address some of these holistic concerns to ensure the individuals needs are being met.
 - Sheldon has had a lot of cases of people that are cut off CFC being told to go to DDS to get services. He expressed appreciation for this improvement.
 - Sheldon also shared an issue about a hearing summary. A statement that CFC does not cover anything, but hands-on ADLs is false.
 - Cynthia responded that she disagrees and when someone is on a waiver, DSS provides supports for ADLs and DDS provides supports for IADLs. No one was left with unmet needs.
 - RJ said if this situation was not addressed to contact DSS.
 - Sheldon would like Cynthia to share the specific SPA.
5. Other Business
Tom encouraged people to send in agenda items for the next meeting.
- Sheldon requested training on exceptions for both DSS staff and access agency staff for an agenda item.
 - RJ shared that budget exceptions have been addressed with the access agencies recently. They should be submitted if there is clinical justification.
6. The meeting was called to adjourn by Tom, Chair at 11.53pm.

Next meeting: **VIRTUAL January 8th, 2024, at 11:00am.**