Recorded Transcript
June 14, 2024

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00:00:13:19 - 00:00:16:18
Welcome everyone
to the Administrative Entity session

00:00:16:18 - 00:00:20:10
of the Provider Preparedness
Summits for Performance Based Contracts.

00:00:20:23 - 00:00:25:04
This session will provide information
on the proposed performance standards

00:00:25:12 - 00:00:28:16
for performance based
contracting for residential services.

00:00:29:03 - 00:00:32:03
Today's session is scheduled for 2 hours.

00:00:32:14 - 00:00:36:11
The format for today's
session is an ODP lead presentation

00:00:36:19 - 00:00:39:19
that will allow for scheduled question
and answer breaks.

00:00:39:23 - 00:00:43:14
Aides are encouraged
to type questions into the Q&A

00:00:43:20 - 00:00:46:10
at any time during the presentation.

00:00:46:10 - 00:00:50:15
ODP staff will be responding to questions
submitted through the Q&A.

00:00:51:01 - 00:00:54:04
You may also raise your hand
if you wish to ask a question

00:00:54:04 - 00:00:57:07

or comment verbally,
and we will open your microphone.

00:01:00:10 - 00:01:02:20
Let me get this link.

00:01:02:20 - 00:01:05:20
One second.

00:01:07:09 - 00:01:07:20
Okay.

00:01:07:20 - 00:01:08:20
Sorry about that.

00:01:08:20 - 00:01:11:14
A copy of ODP opening
presentation is available

00:01:11:14 - 00:01:14:14
for download using the link
that was just placed into the chat.

00:01:14:23 - 00:01:18:18
Also in the chat is a link to the course
for the recording of these sessions

00:01:18:18 - 00:01:20:00
will be posted.

00:01:20:00 - 00:01:21:17
Today's session will be recorded

00:01:21:17 - 00:01:25:07
and posted to MyODP and available
after three business days.

00:01:26:01 - 00:01:31:05
Today's ODP presenters are Deputy
Secretary Kristin Ahrens and Lauren House

00:01:31:05 - 00:01:35:06
Director, Bureau of Community Services
Deputy Secretary.

00:01:35:07 - 00:01:36:12

You may begin the session.

00:01:38:10 - 00:01:38:20
All right.

00:01:38:20 - 00:01:43:05
Thanks, Karen, and thanks, everybody,
for joining us today.

00:01:43:14 - 00:01:46:15
We actually have a whole cohort

00:01:46:15 - 00:01:49:22
of ODP leadership on the call today.

00:01:49:22 - 00:01:54:04
And part of this is to make sure
that we're answering questions

00:01:54:04 - 00:01:57:04
from you and addressing
any of the concerns that you have.

00:01:57:04 - 00:02:02:10
So if you're using the Q
and A, we've got a bunch of people here

00:02:02:10 - 00:02:06:10
who are going to be able to answer
and we'll we'll stop periodically

00:02:06:10 - 00:02:09:10
through those two,
have some dialog with all of you.

00:02:10:11 - 00:02:12:10
You can go ahead to the next slide.

00:02:12:10 - 00:02:16:00
So I'll start with a very high level

00:02:16:00 - 00:02:19:18
overview here, just to level set
and make sure we're all on the same page.

00:02:19:18 - 00:02:25:19

So as as you
know, ODP is going to be applying for

00:02:27:01 - 00:02:28:11
ultimately to

00:02:28:11 - 00:02:32:07
1915 b 4 selective contracting waivers.

00:02:32:08 - 00:02:36:15
We'll start with residential services
this year to go live

00:02:36:15 - 00:02:39:15
January one, 2026.

00:02:39:15 - 00:02:42:22
We will be doing the same thing
for supports coordination

00:02:43:23 - 00:02:46:13
for January of 25.

00:02:46:13 - 00:02:50:11
These applications, which we intend
to submit to the federal government

00:02:50:11 - 00:02:53:13
in July of this year

00:02:53:13 - 00:02:57:19
for a January
start date are just going to include

00:02:57:19 - 00:03:01:04
residential habilitation
that's both licensed and unlicensed,

00:03:01:13 - 00:03:05:23
supported living and life sharing,
both licensed and unlicensed.

00:03:05:23 - 00:03:09:19
So community living waiver
and consolidated waiver will be impacted

00:03:10:10 - 00:03:13:18
by the b 4 that we're going to submit this July

00:03:14:11 - 00:03:19:05
and again, sort of reminder
what the b 4 application does

00:03:19:05 - 00:03:23:14
is it allows the state,

00:03:23:14 - 00:03:27:00
in this case ODP, to waive the requirement

00:03:27:00 - 00:03:30:24
that people can choose
from any willing and qualified provider.

00:03:31:17 - 00:03:33:07
So we are going to

00:03:34:14 - 00:03:36:10
opt out of that

00:03:36:10 - 00:03:39:17
federal requirement and instead

00:03:41:07 - 00:03:44:09
a pool of providers
that meet our quality standards.

00:03:44:20 - 00:03:47:16
One of the other opportunities
that comes with a b 4

00:03:47:16 - 00:03:50:18
and the feds call
it selective contracting.

00:03:50:18 - 00:03:53:19
We are calling what we are doing
performance based contracting.

00:03:53:19 - 00:03:56:19
But the federal term is selective
contracting.

00:03:56:21 - 00:03:59:12
It allows us to do a few things.

00:03:59:12 - 00:04:02:01
One, it allows us to sort of

00:04:02:01 - 00:04:05:11
shut that front door
to any willing and qualified provider.

00:04:05:22 - 00:04:10:06
It lets us establish quality standards
and it it opens up

00:04:10:15 - 00:04:14:16
alternative payment opportunities for us,
which we're very interested in

00:04:15:09 - 00:04:18:09
to help us really incentivize quality

00:04:18:17 - 00:04:22:16
and move our system toward more outcome
based payments.

00:04:23:11 - 00:04:26:11
So where we are, go ahead to the next one.

00:04:28:10 - 00:04:31:21
And I've just covered a lot of this,
you know, part of the design here

00:04:32:08 - 00:04:35:13
in terms of trying to address
some of the big issues in front of us

00:04:35:16 - 00:04:39:13
in our system,
particularly in residential, are you know,

00:04:39:13 - 00:04:42:23
you've attended in other sessions,
you've heard us talk about their sort

00:04:42:23 - 00:04:46:06
of four big objectives here,

all of it aimed at improving quality.

00:04:46:06 - 00:04:49:24
But we've got a lot of workforce issues
that we need to address

00:04:49:24 - 00:04:52:24
in terms of stabilizing the workforce.

00:04:53:01 - 00:04:54:20
We have clinical capacity.

00:04:54:20 - 00:04:57:01
We need to build in the system.

00:04:57:01 - 00:05:01:04
We need to ensure access
to residential services

00:05:01:04 - 00:05:05:02
and particularly access for people

00:05:05:02 - 00:05:08:02
with more complex needs.

00:05:08:02 - 00:05:10:05
And then we need
a more sustainable system.

00:05:10:05 - 00:05:14:20
As a system, we are overly reliant
on residential services.

00:05:15:01 - 00:05:17:11
It is a very expensive service model.

00:05:17:11 - 00:05:23:23
We've got 14,000 people in residential,
which is about half, and that costs

00:05:23:23 - 00:05:27:19
about half of our overall home
and community based services budget.

00:05:28:24 - 00:05:31:00
And and we

00:05:31:00 - 00:05:34:22
don't and we have a waiting list,
as you know, of about 13,000 people.

00:05:34:22 - 00:05:40:06
So, you know,
we've got it in the design of this.

00:05:40:17 - 00:05:45:21
We have designed the program
and financial structure of this

00:05:46:08 - 00:05:50:14
to help build a quality pool
of residential providers

00:05:50:24 - 00:05:55:24
and wherever possible
to support those residential providers

00:05:55:24 - 00:05:59:06
using models of service
that are less reliant on staff.

00:05:59:06 - 00:06:05:16
So using technology, really looking to
life sharing and supported living as where

00:06:05:16 - 00:06:09:22
that is a good option for individuals,
making sure that that's available to them.

00:06:10:12 - 00:06:11:09
So trying to address

00:06:11:09 - 00:06:14:09
some of those workforce issues,
some of the sustainability issues,

00:06:14:23 - 00:06:20:02
I won't give the the whole review
of kind of the whole design piece,

00:06:20:02 - 00:06:22:02
but I do think it's really important

to remember

00:06:22:02 - 00:06:27:03
that the whole structure of the tiers,
the four tiers for the providers,

00:06:27:13 - 00:06:30:06
the actual performance
measures are all aimed

00:06:30:06 - 00:06:33:19
at those four big objectives
that we're trying to meet here.

00:06:35:08 - 00:06:38:08
We will be publishing

00:06:38:20 - 00:06:42:00
the standards and the measures themselves.

00:06:42:00 - 00:06:43:07
So we're in.

00:06:43:07 - 00:06:46:07
So working
through a lot of public comment,

00:06:46:18 - 00:06:50:08
we will be publishing those
through a bulletin.

00:06:50:20 - 00:06:53:16
So those will be public.

00:06:53:16 - 00:06:58:09
The provider agreement will refer to that
bulletin in terms of what

00:06:58:11 - 00:07:02:23
the providers are going to be held
to in terms of those performance measures.

00:07:03:16 - 00:07:05:23
So we'll be getting that cleaned up

00:07:05:23 - 00:07:09:22

and published before by July 1st.

00:07:10:21 - 00:07:11:02
All right.

00:07:11:02 - 00:07:13:22
Next slide.

00:07:13:22 - 00:07:15:16
So give you a little overview.

00:07:15:16 - 00:07:17:17
And we have not made it
through all the public comment.

00:07:17:17 - 00:07:20:10
We had public
comment was open for 45 days.

00:07:20:10 - 00:07:22:05
It closed on June 4th.

00:07:22:05 - 00:07:25:22
We had about 100 distinct commentators

00:07:26:21 - 00:07:29:21
and at least 700
sort of distinct comments.

00:07:30:14 - 00:07:33:02
Some of the big themes that came back

00:07:33:02 - 00:07:38:11
were some concerns
about where we set the size,

00:07:39:19 - 00:07:41:23
the size limit related to providers

00:07:41:23 - 00:07:46:02
that could provide either
select or clinically enhanced services.

00:07:46:12 - 00:07:49:24
In the proposal, we said you couldn't
even be considered for select

00:07:49:24 - 00:07:51:04
or clinically enhanced loss.

00:07:51:04 - 00:07:55:16
You were serving ten or more individuals
and a lot of feedback on that,

00:07:56:02 - 00:08:00:05
a lot of feedback on our inclusion
of employment as a performance

00:08:00:05 - 00:08:03:13
measure that residential providers
should be held to.

00:08:04:05 - 00:08:10:12
Lot of comment on where we established
for the clinically enhanced providers.

00:08:10:12 - 00:08:15:18
One of the things we said is
and this this is the rationale, right?

00:08:15:18 - 00:08:19:21
If to be a clinically enhanced provider,
you actually have to support

00:08:19:21 - 00:08:22:21
a population with pretty high acuity.

00:08:22:22 - 00:08:26:16
We're going to be putting a lot
of financial resources into an effort

00:08:26:16 - 00:08:29:24
into building a pool
of clinically enhanced providers.

00:08:30:14 - 00:08:34:12
They should be serving people who actually
need that level of clinical support.

00:08:34:12 - 00:08:38:12
And so we had set a floor of a needs level
in that needs

00:08:38:12 - 00:08:40:12
group needs a level of four and a half

00:08:41:17 - 00:08:46:03
and health care level of 3.5 or greater.

00:08:46:20 - 00:08:51:04
And we've heard concerns from quite
a few providers tends to be around.

00:08:51:13 - 00:08:54:07
We have a very our health care

00:08:54:07 - 00:08:57:09
level is higher than that,
but the needs levels are slightly smaller.

00:08:57:09 - 00:09:01:04
So I think the and part of that
is the part that's kind of confounding

00:09:01:04 - 00:09:05:02
a number of providers
who feel like they serve a pretty

00:09:05:24 - 00:09:08:24
a population with pretty high acuity

00:09:08:24 - 00:09:11:08
but doesn't meet both of those standards.

00:09:11:08 - 00:09:14:23
So these are and these are all areas
that we are considering.

00:09:14:23 - 00:09:19:02
We did get a volume of comments,
some just sort of opposing it, some

00:09:20:03 - 00:09:23:02
constructive
and trying to help us kind of think of

00:09:23:02 - 00:09:26:17
similar ways to get at the objective.

00:09:27:13 - 00:09:29:14
So this is another one.

00:09:29:14 - 00:09:32:23
A lot of comment about primary providers
being limited

00:09:32:23 - 00:09:36:11
to serving
needs groups one, two and three.

00:09:37:10 - 00:09:40:13
This is an area that we are looking at.

00:09:40:13 - 00:09:45:06
I do you know, we've gotten some
very thoughtful comment about some of the

00:09:45:12 - 00:09:49:08
the sort of downstream issues
that this will raise.

00:09:50:03 - 00:09:53:05
One of the ones that I think
was probably more

00:09:53:05 - 00:09:56:05
compelling is we had a couple of providers

00:09:56:08 - 00:10:00:01
specifically that reached out
who serve medically complex.

00:10:00:22 - 00:10:04:15
Their sort of specialty is serving people
with more medical complexities,

00:10:05:10 - 00:10:09:10
and they won't meet the standard
for clinically enhanced

00:10:09:11 - 00:10:11:11
and they don't they
they said we don't really want to

00:10:11:11 - 00:10:14:24
or need to like
we're happy to be a primary provider,

00:10:15:09 - 00:10:18:04
but when I have a vacancy,
I'm not going to be filling it

00:10:18:04 - 00:10:22:01
with someone who can really use
the clinical services that we provide.

00:10:22:01 - 00:10:24:20
So we are definitely taking a look
at this.

00:10:24:20 - 00:10:28:17
One lot of concern
about just the number of measures,

00:10:28:17 - 00:10:34:12
the complexity of that,
the kind of load that and sophistication

00:10:34:12 - 00:10:37:24
it's going to take for providers
to be able to meet all these standards.

00:10:38:09 - 00:10:39:21
A lot a lot of feedback on that.

00:10:39:21 - 00:10:42:23
And then definitely a lot of concern
about the

00:10:42:23 - 00:10:47:05
the timeline for implementation providers
expressing

00:10:47:19 - 00:10:50:11
concern that they're not
going to be able to really

00:10:51:14 - 00:10:54:07
thoughtfully provide some of

00:10:54:07 - 00:10:59:01
the planning and information
that we're asking for in July.

00:10:59:11 - 00:11:05:04
Providers upset that we are using calendar
year 23 data for some of the measures.

00:11:05:04 - 00:11:08:23
I will remind everyone that the measures
that we said we would use

00:11:09:09 - 00:11:13:12
calendar year 23 data
for were are things that are required now.

00:11:13:21 - 00:11:16:21
And our logic here is, you know, it's

00:11:16:24 - 00:11:20:05
to be considered
a high performing provider.

00:11:20:13 - 00:11:23:12
We would expect that you are high
performing in areas

00:11:23:12 - 00:11:26:12
like finalization of incidents and

00:11:26:24 - 00:11:29:01
and very few unreported

00:11:29:01 - 00:11:32:01
incidents of abuse,
neglect or exploitation.

00:11:33:02 - 00:11:36:22
But definitely a lot of comments there
in terms of the time

00:11:36:22 - 00:11:41:08
frames that for evaluation
and time frames for the implementation.

00:11:41:08 - 00:11:46:07

So all of these we are working through,
we've got a lot of we've got a big team

00:11:46:07 - 00:11:49:15
and a lot of time set aside to kind of be
going through all of these comments.

00:11:49:15 - 00:11:52:15
I think you can expect
that there will be some changes

00:11:53:02 - 00:11:56:08
and some changes in these kind of hot
button areas.

00:11:57:04 - 00:11:58:07
All right. Next one.

00:12:00:22 - 00:12:03:20
The other thing
I want to say, and obviously, you know,

00:12:03:20 - 00:12:07:22
you all have such a critical role
in the administration

00:12:07:22 - 00:12:12:11
of waiver services
and in partnership with us.

00:12:13:00 - 00:12:16:03
The sessions, it is a lot of hours

00:12:16:11 - 00:12:21:19
we're doing for provider preparedness
summits, each of which is 2 hours.

00:12:21:19 - 00:12:23:12
We have completed three of them.

00:12:23:12 - 00:12:26:07
The next one is next week.

00:12:26:07 - 00:12:30:10
And I would really encourage you that
the 8 hours are probably worth your time.

00:12:31:09 - 00:12:34:06
We literally go through

00:12:34:06 - 00:12:37:14
each each performance standard

00:12:37:15 - 00:12:40:17
and then each of the measures
associated with that standard,

00:12:41:02 - 00:12:45:24
we do a little bit of like
why it's in here in a number of places.

00:12:45:24 - 00:12:47:16
We share current performance

00:12:47:16 - 00:12:50:22
data with the providers
so they kind of get a context for it

00:12:51:16 - 00:12:54:01
and then walk through
what we will be looking at

00:12:54:01 - 00:12:57:01
and how we will be measuring it
and when we'll be measuring it.

00:12:57:17 - 00:13:01:13
So I do think it'll be very instructive
for all of you

00:13:01:13 - 00:13:06:16
to to take the time
to kind of go through all of those.

00:13:07:12 - 00:13:10:00
They are we split them up.

00:13:10:00 - 00:13:13:08
So I think if there's particular
interest areas like we just finished

00:13:13:08 - 00:13:16:08

the one that covered all of the clinical,

00:13:16:22 - 00:13:20:03
clinical performance measures,
the serving people with complex needs.

00:13:20:24 - 00:13:23:14
So you could also do it
sort of by topic area

00:13:23:14 - 00:13:28:08
if you are concerned
about your availability in terms of time.

00:13:29:23 - 00:13:30:14
And with

00:13:30:14 - 00:13:33:16
that, I'm going to hand it over to Lauren.

00:13:33:16 - 00:13:37:04
And just again,
thank you all for joining us today.

00:13:37:04 - 00:13:41:02
It's really great to see 194

00:13:41:02 - 00:13:44:02
of you on a Friday afternoon.

00:13:44:02 - 00:13:47:10
This the systems change
you are embarking on here is,

00:13:47:10 - 00:13:52:21
you know, really significant systems
change and I think very needed.

00:13:52:21 - 00:13:55:15
It is it's big. It's aggressive.

00:13:55:15 - 00:13:56:21
But I don't think,

00:13:56:21 - 00:13:59:06
you know, the issues in front of us

aren't going away

00:13:59:06 - 00:14:01:08
without us doing something
big and aggressive.

00:14:01:08 - 00:14:02:17
I think

00:14:02:17 - 00:14:05:19
tweaking, tweaking things
isn't going to get us where we need to go.

00:14:05:19 - 00:14:10:15
And so I appreciate your your interest
in moving this forward with us.

00:14:11:17 - 00:14:13:04
All right, Lauren.

00:14:13:04 - 00:14:15:12
All right. Thanks, Kristin.

00:14:15:12 - 00:14:17:05
Good afternoon, everybody.

00:14:17:05 - 00:14:20:05
So I just

00:14:20:07 - 00:14:23:05
want to give kind of an overview of

00:14:24:08 - 00:14:27:08
the remainder
of the session this afternoon.

00:14:27:20 - 00:14:33:03
And so I, like Kristin mentioned, there
will be plenty of sort of opportunity

00:14:33:03 - 00:14:36:04
for AEs to have access

00:14:36:04 - 00:14:39:10
to the content from those provider
preparedness summits.

00:14:40:00 - 00:14:42:19
So we're not going to be going
through individual

00:14:42:19 - 00:14:45:19
performance measures this afternoon.

00:14:45:19 - 00:14:49:02
We really are going to focus
on the operational impacts

00:14:49:13 - 00:14:53:08
that we're anticipating relative
to administrative entities

00:14:54:00 - 00:14:57:00
and then and the work that you all are

00:14:57:20 - 00:15:00:18
specifically responsible for.

00:15:00:18 - 00:15:04:15
And I will say, though,
we definitely have questions

00:15:05:04 - 00:15:07:24
about individual performance measures,

00:15:07:24 - 00:15:10:08
please feel free to ask those questions.

00:15:10:08 - 00:15:12:08
Now is a great time

00:15:12:08 - 00:15:16:16
to if there already remaining questions
about any of the performance

00:15:16:16 - 00:15:20:05
standards or performance measures
that we haven't gotten to yet

00:15:21:10 - 00:15:24:10
through the provider summits
or you just didn't hear yet

00:15:24:10 - 00:15:27:06
that, please feel
free to ask those questions.

00:15:28:08 - 00:15:28:20
We'll also

00:15:28:20 - 00:15:32:11
take question and answer breaks
pretty regularly.

00:15:32:16 - 00:15:36:16
I think we have to embedded
in the presentation this afternoon

00:15:37:12 - 00:15:40:05
just so that we can make sure
that we have an opportunity

00:15:40:05 - 00:15:44:12
to get everybody's questions answered
as they come up for you.

00:15:45:11 - 00:15:48:05
So I want to talk a little bit

00:15:48:05 - 00:15:51:05
first about the operating agreement.

00:15:51:15 - 00:15:55:23
Many of you know that
it is currently in draft for updates

00:15:56:19 - 00:15:59:19
and it's been in draft for updates,

00:15:59:19 - 00:16:02:05
not specific
to performance based contracting.

00:16:02:05 - 00:16:05:24
There's been a couple of other things
that we've known that need

00:16:05:24 - 00:16:09:17

to get embedded along the way over
the last couple of years or so.

00:16:10:07 - 00:16:15:18
But we figured while we're embarking
on this systems change, we would hold off

00:16:15:18 - 00:16:18:19
until we have all of our performance

00:16:18:19 - 00:16:23:04
based contracting plans laid out
in case there would be

00:16:23:04 - 00:16:26:18
anything that we need to change or modify
in the operating agreement.

00:16:27:02 - 00:16:31:15
So right now, based on its current
draft status, there really aren't

00:16:31:15 - 00:16:36:02
any specific changes around performance
based contracting.

00:16:36:19 - 00:16:39:20
But I think what you'll notice
would be more general updates

00:16:40:12 - 00:16:43:12
throughout related to the roll

00:16:43:12 - 00:16:46:12
in oversight of provider performance.

00:16:46:23 - 00:16:52:12
Again, not necessarily specific
to performance based contracting functions

00:16:52:12 - 00:16:58:12
or anything like that, but more of a
reinforcement of the role and

00:16:59:11 - 00:17:01:24
kind of monitoring provider performance,

00:17:01:24 - 00:17:06:22
providing technical assistance
and raising those or red flags

00:17:06:22 - 00:17:11:06
when you're anticipating
or seeing some concerning trends

00:17:11:23 - 00:17:14:23
among provider data
that you have access to.

00:17:15:12 - 00:17:20:02
But largely,
there's not going to be a ton of changes

00:17:20:03 - 00:17:23:06
that are specific to performance based
contracting

00:17:23:06 - 00:17:26:06
in the operating environment.

00:17:26:11 - 00:17:27:05
Go to the next slide.

00:17:27:05 - 00:17:30:13
And I think that's going
to be our first opportunity to

00:17:31:06 - 00:17:37:06
take a breath and see if anybody
has any questions specific to anything

00:17:37:06 - 00:17:42:16
that Kristin covered so far or anything
related to the operating agreement.

00:17:43:10 - 00:17:45:10
And if not,

00:17:45:10 - 00:17:49:05
we will keep going
and certainly be able to come back

00:17:49:22 - 00:17:52:07
to answer any questions that come in

00:17:52:07 - 00:17:55:07
along the way.

00:17:55:15 - 00:17:56:00
All right.

00:17:56:00 - 00:18:00:16
If anyone has questions, they can write it
in the Q&A or they can raise their hand.

00:18:00:16 - 00:18:02:02
And we will open your microphone.

00:18:05:02 - 00:18:07:05
Currently not seeing anything, Lauren.

00:18:07:05 - 00:18:09:21
All right. We'll keep going.

00:18:09:21 - 00:18:13:03
And again,
we have plenty of time this afternoon

00:18:13:03 - 00:18:16:03
to your questions answered.

00:18:17:08 - 00:18:22:13
So first area that we wanted to talk about
this afternoon

00:18:23:04 - 00:18:26:18
was to talk about the performance
analysis services vendor.

00:18:27:19 - 00:18:31:20
So just to keep
everybody updated on where we are

00:18:32:02 - 00:18:36:10
relative to that procurement
so we don't have a vendor selected

00:18:38:01 - 00:18:41:01

that procurement
is still currently active.

00:18:41:21 - 00:18:44:00
And some of the functions that we're going

00:18:44:00 - 00:18:47:00
to be looking to the

00:18:47:01 - 00:18:49:20
vendor for would be things like

00:18:49:20 - 00:18:52:20
data collection, data analysis,

00:18:52:21 - 00:18:55:21
generating reports for us to use.

00:18:56:10 - 00:18:59:08
So provider contract management work,

00:18:59:08 - 00:19:03:19
managing a website or portal
that providers

00:19:05:05 - 00:19:06:22
will be able to use

00:19:06:22 - 00:19:09:17
in order to upload documentation

00:19:09:17 - 00:19:12:17
to the vendor

00:19:12:22 - 00:19:15:05
and kind of generally
supporting the maintenance

00:19:15:05 - 00:19:18:05
of that information support system.

00:19:18:16 - 00:19:22:06
So that's sort of the general gist of what

00:19:22:06 - 00:19:26:03
we're looking for

the PAS to do and support us with.

00:19:27:04 - 00:19:28:03
And then

00:19:28:03 - 00:19:31:03
the way in which we so far have envisioned

00:19:32:17 - 00:19:35:06
AEs interfacing with PAS

00:19:35:06 - 00:19:38:17
would be things
like connecting with providers.

00:19:38:21 - 00:19:44:20
So what we mean really here is assistance
when let's say for example,

00:19:44:20 - 00:19:48:22
the PAS is not getting responses
from a particular provider,

00:19:50:08 - 00:19:52:15
so maybe prompting a provider

00:19:52:15 - 00:19:55:22
to get back to somebody at the vendor

00:19:56:20 - 00:20:00:10
potentially reminders for things
like making sure

00:20:00:10 - 00:20:06:08
that their contact information
is updated with the vendor and ODP.

00:20:07:24 - 00:20:10:21
Also, probably things like providing
technical assistance

00:20:10:21 - 00:20:14:11
to providers on how
they will interface with the vendor.

00:20:15:05 - 00:20:19:06

So this could be answering questions
that providers might have about

00:20:19:23 - 00:20:23:07
when am I supposed to submit
a certain piece of documentation?

00:20:23:14 - 00:20:24:16
Where do I submit it?

00:20:24:16 - 00:20:28:09
Do you have the link to the vendor

00:20:28:16 - 00:20:31:09
so I can submit things
through the provider portal,

00:20:32:12 - 00:20:34:21
that kind of technical assistance?

00:20:34:21 - 00:20:37:08
And we do anticipate that

00:20:37:08 - 00:20:40:08
we'll have access to the data

00:20:40:17 - 00:20:43:12
or any dashboards that may be generated

00:20:43:12 - 00:20:47:04
by that vendor
so that you have real time access

00:20:47:04 - 00:20:50:15
to be able to view provider
performance data

00:20:51:20 - 00:20:54:20
that are associated with their counties.

00:20:56:02 - 00:20:59:02
We can move to the next slide here.

00:20:59:15 - 00:21:02:17
So talk about provider tier assignment.

00:21:04:06 - 00:21:06:12
We'll start with providers

00:21:06:12 - 00:21:10:05
are going to need to submit surveys
and attestations

00:21:10:18 - 00:21:13:11
and relevant documentation

00:21:13:11 - 00:21:17:00
to ODP starting July one,
and then we'll have

00:21:17:05 - 00:21:20:17
the month of July
to be able to submit that documentation.

00:21:21:02 - 00:21:24:16
And then we will be assigning tiers

00:21:24:16 - 00:21:27:21
to providers in November of 2024

00:21:29:00 - 00:21:30:22
a couple of important sort

00:21:30:22 - 00:21:35:19
of distinctions to make and questions
that I know that we've gotten in the past

00:21:36:13 - 00:21:39:08
was how our provider tiers being assigned.

00:21:39:08 - 00:21:42:16
Is it for license, is it for MPI?

00:21:43:08 - 00:21:48:21
And so this the tier assignment
is for MPI, so not for a license.

00:21:48:21 - 00:21:52:21
So I know we have a lot of providers
who operate in multiple regions

00:21:53:04 - 00:21:56:19

across the state and I think

00:21:56:21 - 00:21:59:23
the tier will not be associated
with here's

00:21:59:23 - 00:22:03:16
their central region license
and here's their Northeast region license.

00:22:03:23 - 00:22:07:18
It will be the provider
MPI across the board.

00:22:07:18 - 00:22:10:17
So one one MPI, one tier assignment.

00:22:12:16 - 00:22:13:09
And then lastly,

00:22:13:09 - 00:22:17:10
providers are going to be evaluated again
in January 2026.

00:22:17:10 - 00:22:21:10
So that first cycle
is going to be an 18 month period.

00:22:21:17 - 00:22:26:02
And then from there on out,
it will be every January going forward.

00:22:27:11 - 00:22:29:20
I know we had a question

00:22:29:20 - 00:22:32:20
relative to that first 18 month period.

00:22:33:08 - 00:22:35:01
It's a long time.

00:22:35:01 - 00:22:38:01
And so Kristin mentioned

00:22:38:05 - 00:22:41:08
a lot of the public comment

that we received

00:22:42:03 - 00:22:45:16
kind of inquired
and suggested an opportunity

00:22:46:03 - 00:22:49:12
maybe along the way for providers
during that first 18 month

00:22:49:12 - 00:22:52:13
period,
if they're not quite ready at the outset,

00:22:52:21 - 00:22:57:01
but are after the initial tier assignment
period,

00:22:57:07 - 00:23:00:07
we're taking all of that
into consideration

00:23:00:23 - 00:23:03:12
as we look through the public comments.

00:23:03:12 - 00:23:06:13
And so I wanted to make sure
that I called that out.

00:23:06:13 - 00:23:08:14
I know we got that question specifically.

00:23:10:11 - 00:23:13:08
We do
have a question here in the question pane

00:23:13:08 - 00:23:16:16
that the data will be available
to us by county or,

00:23:16:17 - 00:23:20:20
but would you consider allowing us to see
performance data across the Commonwealth?

00:23:21:10 - 00:23:24:10
We do statewide searches

and it could be helpful.

00:23:25:00 - 00:23:29:19
So I think we can definitely consider
that it's really going to be relative

00:23:29:19 - 00:23:32:19
to what data, right? How

00:23:35:02 - 00:23:38:02
and how much PHI, right effectively

00:23:38:11 - 00:23:41:11
is within a particular data set.

00:23:41:15 - 00:23:44:23
So I do think that we'll have ways
of being able to share

00:23:46:00 - 00:23:49:00
performance data for all providers

00:23:49:12 - 00:23:51:02
with respect to those measures.

00:23:51:02 - 00:23:54:02
It'll just be a matter of making sure
that we limit

00:23:54:16 - 00:23:58:08
any ability to sort of
drill down further into that information

00:23:59:05 - 00:24:02:03
to make sure
that we're projecting confidentiality.

00:24:02:03 - 00:24:06:06
But yeah, I think we'll be able to share
lots of statewide data

00:24:06:13 - 00:24:09:12
or residential providers with you guys.

00:24:12:20 - 00:24:14:17
Right.

00:24:14:17 - 00:24:17:14
We can go to the next slide here.

00:24:17:14 - 00:24:21:02
So just a couple more points on provider
tier assignment.

00:24:22:08 - 00:24:27:22
The providers tier is only going to change
mid-cycle or midyear if the providers

00:24:27:22 - 00:24:32:00
license is moved to provisional
or revoked status in any region.

00:24:32:20 - 00:24:36:13
So again, this is going to apply that
even if a provider holds

00:24:37:06 - 00:24:42:03
multiple licenses across the Commonwealth,
if one region loses a license,

00:24:42:04 - 00:24:45:04
that will impact the entire organization

00:24:45:11 - 00:24:48:04
with respect to their tier.

00:24:48:04 - 00:24:54:02
And so they will be moved out
of primary select or clinically enhanced

00:24:54:02 - 00:24:59:01
and moved into that conditional tier,
which is for now

00:24:59:12 - 00:25:03:19
really going to be comprised of providers
who are on provisional

00:25:03:19 - 00:25:06:19
or revoked licenses.

00:25:07:19 - 00:25:08:10

And then if

00:25:08:10 - 00:25:11:24
and when a providers tier changes the AE,

00:25:12:08 - 00:25:15:18
we will be asking, the AE to share this change with impact

00:25:15:18 - 00:25:18:18
and supports coordinators, individuals
and their families?

00:25:19:12 - 00:25:23:23
And we do have a workgroup through PACA,
a number of folks that have been

00:25:25:10 - 00:25:27:15
nominated to participate

00:25:27:15 - 00:25:30:24
in a workgroup specific
to sort of systems change.

00:25:31:18 - 00:25:34:18
And so we'll be working with that group
in particular

00:25:35:03 - 00:25:38:03
to essentially develop a form letter.

00:25:38:10 - 00:25:39:24
So a template for notification.

00:25:39:24 - 00:25:43:03
But this is an area where we would ask for

00:25:43:20 - 00:25:46:20
AEs to help in the distribution

00:25:46:21 - 00:25:49:21
of those notification letters

00:25:50:14 - 00:25:52:05
and then provider tier assignments

00:25:52:05 - 00:25:55:22

will be published on my OTP and we will

00:25:57:01 - 00:26:00:01
be sending that information
out over the list serves.

00:26:03:05 - 00:26:04:07
So get a question here.

00:26:04:07 - 00:26:08:14
Would you consider changing mid-cycle
if a provider does not requalify

00:26:08:14 - 00:26:09:08
for this service?

00:26:09:08 - 00:26:15:04
For example, if they drop live sharing
but keep 6400 during requalification?

00:26:15:22 - 00:26:18:22
That's a good question and I think

00:26:19:09 - 00:26:23:04
we'll definitely have to take that
into consideration moving forward,

00:26:23:19 - 00:26:28:18
because if you're talking specifically
about the thing that makes a provider,

00:26:29:04 - 00:26:32:14
one of the measures
that makes it provider select is offering

00:26:33:16 - 00:26:36:16
two of the three residential services.

00:26:37:01 - 00:26:40:22
That's definitely something
that would impact that tier.

00:26:41:12 - 00:26:42:10
So that's a good call out.

00:26:42:10 - 00:26:45:10

Appreciate that.

00:26:49:06 - 00:26:51:08
Another question here will status

00:26:51:08 - 00:26:55:12
only be impacted by residential licensure
or any licensing action?

00:26:55:20 - 00:26:59:18
And so we're looking specifically
at residential licenses.

00:26:59:18 - 00:27:02:18
And if I'm interpreting the question

00:27:02:20 - 00:27:04:17
I might be asking about, let's say

00:27:04:17 - 00:27:09:09
they offer CPS in a facility
and that program is also licensed,

00:27:09:22 - 00:27:12:19
we'd be looking at a residential license

00:27:12:19 - 00:27:15:19
and specifically.

00:27:18:07 - 00:27:19:20
All right, Lauren.

00:27:19:20 - 00:27:23:09
And let me let me jump in here
because I think one of the

00:27:24:13 - 00:27:28:23
important things in terms of context
for performance based contracting is,

00:27:29:13 - 00:27:32:14
you know, this
what we're laying here is the foundation

00:27:32:15 - 00:27:36:21
for performance

based contracting for residential.

00:27:36:21 - 00:27:40:13
And I think we've tried to design
something with great care

00:27:40:21 - 00:27:44:03
that doesn't destabilize the system
and make sure

00:27:44:03 - 00:27:47:14
that people are not being displaced
because of our actions.

00:27:48:13 - 00:27:50:08
So a couple of things to that end.

00:27:50:08 - 00:27:56:00
One, we a provider, may lose their tier
status and move into conditional.

00:27:56:08 - 00:27:59:08
We will continue paying the rates
whatever rate they were at

00:28:00:01 - 00:28:02:17
for the remainder of that contract year.

00:28:02:17 - 00:28:08:00
Again, in an effort
not to destabilize the provider over time.

00:28:08:00 - 00:28:12:06
I think what defines conditional
will change.

00:28:12:19 - 00:28:15:19
You know,
I think we will have an opportunity as

00:28:16:04 - 00:28:21:01
the quality of providers rises,
as we presumably have fewer

00:28:21:01 - 00:28:24:15
revoke licenses

and provisional licenses over time,

00:28:25:13 - 00:28:29:00
that we then, you know, do
start taking into consideration

00:28:29:00 - 00:28:33:01
consideration things like other,
you know, programing enforcement

00:28:33:01 - 00:28:36:24
under the 6100s or not meeting

00:28:37:16 - 00:28:41:06
some of the standards that are in primary

00:28:42:00 - 00:28:45:02
right now that is even,
you know, kind of stay in primary.

00:28:45:02 - 00:28:48:00
And we're going to work with providers
through corrective action directive.

00:28:48:00 - 00:28:48:23
Corrective action.

00:28:48:23 - 00:28:51:04
It doesn't land them in conditional.

00:28:51:04 - 00:28:56:06
That one I think, will probably be one of
the earlier things to move over time.

00:28:56:06 - 00:28:59:10
But we've got to
kind of launch this in a way

00:29:00:16 - 00:29:01:13
that really takes

00:29:01:13 - 00:29:04:18
into account the continuity of care
that's necessary.

00:29:04:18 - 00:29:06:07

But good, good question.

00:29:06:07 - 00:29:09:11
And definitely I think a discussion
that we want to have with all of you

00:29:09:22 - 00:29:12:22
is as we're looking down for

00:29:13:03 - 00:29:18:00
and future contracting cycles,
what what are those standards

00:29:18:00 - 00:29:22:18
that would would put a provider
into a conditional status?

00:29:23:03 - 00:29:25:19
So I appreciate the question.

00:29:25:19 - 00:29:28:23
Good opportunity
to kind of talk about the now

00:29:28:23 - 00:29:31:23
and then the future view of this

00:29:35:14 - 00:29:37:19
and we can go to the next slide.

00:29:37:19 - 00:29:39:10
Karen

00:29:39:10 - 00:29:41:14
All right.

00:29:41:14 - 00:29:44:20
So just last week or so,

00:29:45:01 - 00:29:49:12
we released the new residential
provider agreement.

00:29:50:06 - 00:29:53:02
They were sent out
in a pretty targeted fashion

00:29:53:02 - 00:29:56:02
to already existing residential providers.

00:29:57:00 - 00:30:00:00
And then it was also sent out over

00:30:00:11 - 00:30:03:03
a licensing listserv.

00:30:03:03 - 00:30:06:03
So as of today, we have about 30%

00:30:06:19 - 00:30:10:24
of the residential providers
who have signed in return.

00:30:10:24 - 00:30:12:24
They're updating provider agreement.

00:30:14:08 - 00:30:15:07
So we're

00:30:15:07 - 00:30:18:04
doing pretty
well in terms of the number of those

00:30:18:04 - 00:30:21:04
that have been returned to us

00:30:21:12 - 00:30:24:02
in such a short time frame.

00:30:24:02 - 00:30:27:02
We are collecting
those residential provider agreements

00:30:27:06 - 00:30:30:02
through a resource account
which is on the screen.

00:30:30:02 - 00:30:33:16
So if you are getting questions
from residential providers

00:30:34:12 - 00:30:38:08

in terms of where can I submit these,
I didn't get one

00:30:39:01 - 00:30:42:13
and someone sent me a new one,
Now you have the resource account

00:30:43:02 - 00:30:46:04
on your screen
to be able to direct those folks to.

00:30:47:13 - 00:30:52:00
We might be asking for assistance
with prompting providers

00:30:52:00 - 00:30:55:06
who have not signed in return
an updated provider agreement.

00:30:56:02 - 00:30:58:15
So nothing out of the ordinary.

00:30:58:15 - 00:31:02:08
Oftentimes
when we need some support in terms

00:31:02:08 - 00:31:05:08
of doing some provider outreach,
prompting for

00:31:06:17 - 00:31:09:04
any sort of documentation from them,

00:31:09:04 - 00:31:14:07
We can also provide lists of providers
who have not submitted those

00:31:14:07 - 00:31:18:02
so that you will have that information
available to you

00:31:18:02 - 00:31:21:13
as well to know which of your
providers we are leading on.

00:31:22:18 - 00:31:23:18

And then

00:31:23:18 - 00:31:27:15
providers who don't sign and submit
an updated provider agreement.

00:31:28:06 - 00:31:31:01
Effectively
they don't meet qualification requirements

00:31:31:01 - 00:31:34:13
because one of the provider qualification
requirements is having

00:31:35:14 - 00:31:38:14
a signed updated provider agreement.

00:31:38:15 - 00:31:41:15
And so those providers
are going to be issued

00:31:41:17 - 00:31:45:10
corrective action plans
so that we can work through that process

00:31:45:10 - 00:31:50:06
and make sure that we do get those back
from providers in a timely fashion

00:31:50:21 - 00:31:53:23
so that we can effectively continue
the process

00:31:54:06 - 00:31:58:00
to evaluate any of their documentation
submission

00:31:58:17 - 00:32:02:18
based on the tier
that they're applying to meet.

00:32:03:13 - 00:32:08:14
So we want to make sure that we have those
updated provider agreements before we go

00:32:08:14 - 00:32:11:24

into the process of starting to review

00:32:11:24 - 00:32:14:24
all of the provider documentation.

00:32:17:22 - 00:32:18:04
All right.

00:32:18:04 - 00:32:20:09
We have a question in the question pane.

00:32:20:09 - 00:32:23:12
If a select provider
that serves people with needs Group four

00:32:23:12 - 00:32:26:23
and meets Group five loses select status,

00:32:26:23 - 00:32:30:07
will they need to transition
all of these folks to a new provider?

00:32:31:00 - 00:32:34:07
So we're not going to be immediately

00:32:34:14 - 00:32:38:13
looking to move
people to new providers. We

00:32:39:23 - 00:32:40:20
really have

00:32:40:20 - 00:32:44:19
committed to, as at the outNot
only at the outset, we know

00:32:44:19 - 00:32:49:00
that we were going to have lots of people
who our needs were four and five

00:32:50:02 - 00:32:54:21
who are supported by primary providers
at this point

00:32:56:05 - 00:32:59:05
I would venture to guess

that we've got people who are

00:33:00:00 - 00:33:02:01
being supported by providers
who are currently

00:33:02:01 - 00:33:05:02
on provisional and revoke licenses. Right.

00:33:05:17 - 00:33:08:22
And so we're not going to be looking
to ask these folks

00:33:08:22 - 00:33:11:22
to transition to a new provider.

00:33:12:14 - 00:33:15:24
We're going to need
to have plenty of opportunity

00:33:15:24 - 00:33:18:24
for these providers to kind of

00:33:20:02 - 00:33:22:18
get their houses in order, if you will,

00:33:22:18 - 00:33:25:07
start meeting these requirements again

00:33:25:07 - 00:33:29:12
before we start to move to asking people
to transition away

00:33:29:12 - 00:33:32:12
from residential providers.

00:33:40:07 - 00:33:41:20
All righty.

00:33:41:20 - 00:33:43:06
I think we can move on. Karen

00:33:46:20 - 00:33:47:17
a next step.

00:33:47:17 - 00:33:50:03

We have provider qualifications.

00:33:50:03 - 00:33:53:23
So AEs will not be qualifying
new providers

00:33:53:23 - 00:33:57:00
for residential services unless and until

00:33:57:00 - 00:34:00:00
there is an active request
for applications.

00:34:00:13 - 00:34:04:00
And so assign AEs
for new residential providers

00:34:04:00 - 00:34:08:11
are going to be determined by essentially
the origin of that RFA request

00:34:08:23 - 00:34:12:04
because those are going to be coming from
administrative entities.

00:34:13:02 - 00:34:16:24
And then the intended county of service.

00:34:17:16 - 00:34:20:11
So what's going to be
really important here

00:34:20:11 - 00:34:23:11
and we're going to have some support
for, again,

00:34:23:19 - 00:34:26:19
developing this process is

00:34:27:08 - 00:34:30:09
it is it's going to be really important
for AEs to know

00:34:31:02 - 00:34:32:10
what your needs are. Right.

00:34:32:10 - 00:34:36:16
And so being able to collect and maintain
and analyze

00:34:36:16 - 00:34:40:05
the data relative
to what you've got going on locally.

00:34:41:01 - 00:34:43:22
And so whether this is through

00:34:43:22 - 00:34:48:06
the utilization of your PUNS data,
if you have some others

00:34:48:06 - 00:34:51:08
or a supplemental process
that you're currently using

00:34:51:16 - 00:34:56:15
to sort of inform
what your local needs really look like,

00:34:57:13 - 00:35:01:09
you're going to need to take all of that
into consideration to kind of know when

00:35:02:09 - 00:35:04:01
it's going to be time to say

00:35:04:01 - 00:35:08:01
we would like to open up the RFA period.

00:35:08:01 - 00:35:12:00
So like I said, this is another place
where we're going to be

00:35:13:18 - 00:35:16:03
leaning into the PACA workgroup

00:35:16:03 - 00:35:19:14
to help develop this process
and set that those criteria

00:35:19:14 - 00:35:23:17
for when it is the appropriate time

00:35:24:00 - 00:35:27:17
to send the alert, basically to say

00:35:27:23 - 00:35:33:13
we in this county
really need a new residential provider

00:35:33:13 - 00:35:38:14
who can support folks with dual diagnosis
or complex medical conditions.

00:35:39:13 - 00:35:43:04
And we have 15 to 20 people

00:35:43:21 - 00:35:48:06
who are meeting those particular criteria
and will need services

00:35:48:06 - 00:35:52:24
from residential providers
who would be able to meet those needs.

00:35:53:23 - 00:35:58:03
And so we'll set
some pretty specific criteria

00:35:58:17 - 00:36:02:03
at the outset so that you all have
that information to use.

00:36:04:08 - 00:36:09:08
Additionally, we started getting
some questions around provider

00:36:09:08 - 00:36:13:17
qualifications and sort of the interplay
between provider qualifications

00:36:15:00 - 00:36:18:10
and the
especially that to the new two year

00:36:18:10 - 00:36:22:08
requirement to provide services
to ten or more people

00:36:23:15 - 00:36:26:18
during that period of time,
during that two years.

00:36:27:00 - 00:36:30:17
And then the interplay between that
and then performance based contracting.

00:36:30:22 - 00:36:35:12
So hopefully you've already seen
what we shared on June 5th,

00:36:36:11 - 00:36:38:15
which was essentially talking points

00:36:38:15 - 00:36:41:15
to be used for provider applicants

00:36:42:04 - 00:36:44:09
in the various stages

00:36:44:09 - 00:36:47:09
of provider qualification.

00:36:47:24 - 00:36:51:17
If you don't have that, let us know
and we can make sure

00:36:51:17 - 00:36:54:22
that we get those sent around
to everybody.

00:36:57:05 - 00:36:59:22
Another piece on provider qualifications

00:36:59:22 - 00:37:04:05
is that I think in the future likely
what we're looking to do

00:37:04:15 - 00:37:08:17
is for AEs to validate
any additional training requirements

00:37:09:22 - 00:37:12:22
through the provider

qualification process.

00:37:13:05 - 00:37:16:05
So thinking specifically, looking at

00:37:17:10 - 00:37:20:11
the crisis intervention and de-escalation

00:37:21:09 - 00:37:24:18
training requirements
for clinically enhanced providers

00:37:25:15 - 00:37:29:06
or teaching autism related trainings,

00:37:29:19 - 00:37:34:12
which could be things like Spectrum 2.0
or other autism related training.

00:37:35:05 - 00:37:39:03
So may ask for some training validation

00:37:40:04 - 00:37:43:04
with provider qualification in the future.

00:37:44:11 - 00:37:45:09
Right.

00:37:45:09 - 00:37:50:08
And looks like we have a hand raised Karen.

00:37:50:23 - 00:37:52:23
Yes, we do.

00:37:52:23 - 00:37:55:00
Would you like to take a verbal comment?

00:37:55:00 - 00:37:55:24
Yeah. Go for.

00:37:55:24 - 00:37:59:02
Okay, Shaun,
I'm going to open up your microphone.

00:38:00:04 - 00:38:03:04
You should receive the prompt to unmute.

00:38:04:24 - 00:38:06:01
You can go ahead and unmute.

00:38:06:01 - 00:38:09:01
Shaun,

00:38:11:05 - 00:38:12:01
I apologize.

00:38:12:01 - 00:38:13:13
I might have hit it accidentally.

00:38:13:13 - 00:38:15:06
I apologize.

00:38:15:06 - 00:38:16:15
Okay, That's fine.

00:38:16:15 - 00:38:19:08
Thank you

00:38:19:08 - 00:38:20:14
again.

00:38:20:14 - 00:38:21:14
All right.

00:38:21:14 - 00:38:24:14
We'll keep moving then.

00:38:25:05 - 00:38:25:14
All right.

00:38:25:14 - 00:38:28:14
So still on the topic of provider
qualifications,

00:38:29:03 - 00:38:31:12
couple additional

00:38:31:12 - 00:38:33:07
details here.

00:38:33:07 - 00:38:36:07
So providers

are still going to be able to expand

00:38:36:12 - 00:38:39:08
if there existing providers.

00:38:39:08 - 00:38:42:12
So they're already providing
residential services.

00:38:43:09 - 00:38:45:13
They are going to be able to add
service locations

00:38:45:13 - 00:38:48:13
just the same as they do today.

00:38:49:02 - 00:38:50:23
At this point, we don't really see

00:38:52:11 - 00:38:54:01
the need to

00:38:54:01 - 00:38:58:12
limit the providers ability
to continue to add service locations

00:38:59:11 - 00:39:02:02
so they can always change in the future.

00:39:02:02 - 00:39:06:10
But right now that's not something
that we're considering doing.

00:39:07:13 - 00:39:10:13
But this next one is going to be important

00:39:11:14 - 00:39:12:09
for a couple of reasons.

00:39:12:09 - 00:39:15:11
So the current residential habilitation
provider

00:39:15:21 - 00:39:18:21
wants to add life
sharing or supportive living.

00:39:18:23 - 00:39:22:13
This is going to be allowable
under the as is process

00:39:23:05 - 00:39:26:06
and is not going to require request
for application.

00:39:27:00 - 00:39:32:03
And so we want to make sure that we're
supporting the residential providers

00:39:32:03 - 00:39:37:09
who are interested in expanding
into supported living and life sharing.

00:39:38:01 - 00:39:41:01
And we want to make sure
that we have plenty of opportunities

00:39:41:02 - 00:39:44:06
for folks who are interested
in receiving those services

00:39:45:08 - 00:39:47:03
to be able to do so.

00:39:47:03 - 00:39:51:00
So we're not going to limit
an already existing provider.

00:39:51:01 - 00:39:56:03
They're already rendering the service
if they present to the county and say,

00:39:56:04 - 00:39:59:23
we want to get qualified for life sharing
or become qualified for supported living,

00:40:00:18 - 00:40:02:03
that's going to continue.

00:40:02:03 - 00:40:05:04
Again, sort of the current as is process.

00:40:07:01 - 00:40:08:01
And one of the use

00:40:08:01 - 00:40:11:06
that also as sort of a prompt
for me to answer

00:40:11:20 - 00:40:14:22
a question that have come in around

00:40:14:22 - 00:40:18:06
do we have any sort of evidence to say

00:40:18:24 - 00:40:24:06
that offering incentive payments
to residential habilitation providers

00:40:24:15 - 00:40:25:17
to transition folks

00:40:25:17 - 00:40:29:13
or to support people to transition
to supported living or life sharing,

00:40:30:08 - 00:40:33:22
if that's working, if that's generating
the kind of results that we want?

00:40:34:12 - 00:40:37:12
And the answer is, yes, it is.

00:40:37:23 - 00:40:40:16
And so I think we have at least seven
people

00:40:40:16 - 00:40:43:12
to date who have transitioned

00:40:43:12 - 00:40:47:04
many of those
who have already met the six month mark.

00:40:48:03 - 00:40:50:08
So we're really excited

00:40:50:08 - 00:40:53:08

to see those numbers continue to.

00:40:54:01 - 00:40:55:15
It's not a ton of people I know

00:40:55:15 - 00:40:59:02
in the grand scheme of things,
but for each and every one of those

00:40:59:19 - 00:41:03:19
seven or eight individuals,
it's it's making a world of difference.

00:41:03:19 - 00:41:09:01
We have plenty of data to show us
that people have better quality of life,

00:41:09:11 - 00:41:12:07
living in life
sharing settings, they're happier.

00:41:12:07 - 00:41:15:10
And so anything we can do to promote

00:41:16:16 - 00:41:18:04
folks moving into

00:41:18:04 - 00:41:21:01
a life sharing or supported living,

00:41:21:01 - 00:41:24:01
we want to keep doing that work.

00:41:24:11 - 00:41:28:15
And then lastly, kind of like
we talked about in a previous slide

00:41:29:06 - 00:41:32:23
where we do need to develop the process
and the criteria,

00:41:33:19 - 00:41:36:19
but the ask is that AEs would notify,

00:41:37:18 - 00:41:40:00
notify ODP

00:41:40:00 - 00:41:42:10
through those established processes

00:41:42:10 - 00:41:44:19
when there is a need to open

00:41:44:19 - 00:41:47:19
the request for application.

00:41:54:14 - 00:41:58:06
And I think we've got to get that question

00:41:58:13 - 00:42:01:13
answered here.

00:42:04:00 - 00:42:05:01
All right.

00:42:05:01 - 00:42:07:22
So next we'll move to

00:42:07:22 - 00:42:10:22
offering choice and providers.

00:42:11:15 - 00:42:13:23
And so what we have here

00:42:13:23 - 00:42:16:23
is really related to

00:42:17:11 - 00:42:21:09
oversight of of referrals,
making sure that SCs are making appropriate

00:42:21:09 - 00:42:24:15
referrals to providers
who are eligible to receive them.

00:42:25:12 - 00:42:30:01
And so we want to make sure
that AEs are just kind of aware of this

00:42:30:13 - 00:42:35:08
unchanged expectation
to ensure choice of appropriate providers.

00:42:36:04 - 00:42:39:16
But I think with
this sort of new lens applied

00:42:41:02 - 00:42:45:03
again in the way where if we maintain

00:42:45:12 - 00:42:50:15
the primary providers are supporting
folks needs group one through three.

00:42:50:24 - 00:42:53:16
And again, keep in mind
that this is something that could

00:42:53:16 - 00:42:56:16
very well change
as a result of public comment,

00:42:56:17 - 00:42:59:18
but making sure that SCs

00:43:00:08 - 00:43:04:06
are kept up to date
in terms of what those provider tiers are,

00:43:04:13 - 00:43:08:11
that they understand
their responsibilities with respect

00:43:08:11 - 00:43:13:15
to making referrals to providers
who are eligible to receive them.

00:43:14:08 - 00:43:19:12
And so this is an area
where without them in place,

00:43:19:12 - 00:43:23:03
which we will be in a place
where we're still operating in HCSIS

00:43:24:00 - 00:43:27:14
as we go live with performance
based contracting,

00:43:28:23 - 00:43:34:20
we envision ECM being a more helpful tool
for you all to use by way

00:43:34:20 - 00:43:38:15
of making sure that this kind of stuff
doesn't slip through the cracks

00:43:39:09 - 00:43:42:14
to make sure
that SCs are not sending referrals

00:43:43:09 - 00:43:48:04
to residential providers for people
that ultimately can't be served by them.

00:43:56:08 - 00:43:59:06
And we can move to the next slide.

00:43:59:06 - 00:44:01:09
Karen.

00:44:01:09 - 00:44:03:24
Similarly,

00:44:03:24 - 00:44:06:24
we have a couple of points on ISP review,

00:44:08:13 - 00:44:10:03
and so AEs will need

00:44:10:03 - 00:44:13:09
to ensure residential services
are authorized in accordance

00:44:13:09 - 00:44:16:09
with the individuals assigned needs group

00:44:16:21 - 00:44:19:21
that this isn't new, this is

00:44:20:05 - 00:44:23:10
an expectation currently,
but something that I know

00:44:23:21 - 00:44:27:01
can sort of fall
the radar from time to time.

00:44:28:16 - 00:44:30:01
And we do anticipate,

00:44:30:01 - 00:44:33:07
like I said, ECM
or enterprise case management

00:44:34:00 - 00:44:37:20
being able to provide better safeguards
or hard steps

00:44:38:02 - 00:44:41:16
to prevent SCs
from sending referrals to providers

00:44:41:16 - 00:44:44:23
that are not eligible to be able
to accept those referrals.

00:44:45:23 - 00:44:49:24
So I think, again,
this is sort of a temporary

00:44:51:06 - 00:44:55:00
state of between HCSIS
and ECM implementation.

00:44:55:24 - 00:45:00:07
We'll need some specific guidance
around how are we ensuring

00:45:01:07 - 00:45:02:06
that we are

00:45:02:06 - 00:45:05:20
reviewing to make sure that referrals
are going to the appropriate providers

00:45:06:12 - 00:45:09:18
and that those corresponding services
are also not ultimately

00:45:09:18 - 00:45:12:18
getting authorized in plans?

00:45:12:21 - 00:45:16:13
And then lastly would be continue

00:45:16:13 - 00:45:20:18
to ensure that individual risks
are identified and mitigated in the ISP,

00:45:21:13 - 00:45:23:20
which you guys know very well,

00:45:23:20 - 00:45:27:24
is not a new responsibility
or asked of AEs.

00:45:28:08 - 00:45:33:18
This really just continues
and has an importance in it

00:45:33:18 - 00:45:36:19
in terms of making sure that providers
staff

00:45:37:06 - 00:45:39:19
know what they need to be doing

00:45:39:19 - 00:45:42:19
when they need to be doing it,
how they need to be doing it.

00:45:43:12 - 00:45:47:03
As we have talked about
for the last couple of years

00:45:47:03 - 00:45:50:17
with respect to the residential
staffing approach,

00:45:51:05 - 00:45:55:03
moving away from those ratios
and more towards

00:45:56:01 - 00:46:00:16
those opportunities to really be discrete

and detailed about what

00:46:01:09 - 00:46:05:20
residential DSP is are doing to keep
people happy, healthy and safe.

00:46:07:13 - 00:46:09:17
We'll take a quick break.

00:46:09:17 - 00:46:14:05
We've got a couple of questions,
maybe getting answered in the chat,

00:46:14:05 - 00:46:17:05
but I'll take a chance
to read a couple out loud.

00:46:19:05 - 00:46:22:06
So if there are not providers
available in our area,

00:46:22:16 - 00:46:27:04
but there are providers available
in other regions, would an AE put out an RFA

00:46:27:05 - 00:46:30:16
or would we be expected to
utilize providers elsewhere?

00:46:31:23 - 00:46:35:22
So we want to make sure that we're looking

00:46:35:22 - 00:46:39:06
at our qualified providers
across the state.

00:46:39:21 - 00:46:42:14
And so the ask would be
are those providers

00:46:42:14 - 00:46:46:23
who are already qualified to render
the service that you're looking for?

00:46:47:05 - 00:46:50:02
Are they able to expand

potentially? Right.

00:46:50:02 - 00:46:53:02
So can they add new service locations

00:46:54:07 - 00:46:56:17
within the region

00:46:56:17 - 00:46:59:17
where you're looking
to have people supported?

00:47:00:10 - 00:47:03:08
So that would not necessarily

00:47:03:08 - 00:47:07:05
require the RFA process. It's

00:47:07:05 - 00:47:12:22
more about networking with your colleagues
in other counties and other regions

00:47:14:10 - 00:47:16:06
and identifying

00:47:16:06 - 00:47:19:07
who are those other
who are doing a really great job

00:47:19:07 - 00:47:22:07
supporting people with complex
medical conditions.

00:47:23:03 - 00:47:25:23
Would they be able to potentially expand

00:47:25:23 - 00:47:29:01
if you get this in contact with them,
who should we reach out to?

00:47:29:15 - 00:47:34:23
So definitely feel free to kind of work
the already existing provider network

00:47:36:01 - 00:47:39:07
so that you're not necessarily

looking for truly brand

00:47:39:07 - 00:47:41:02
new providers into the system.

00:47:41:02 - 00:47:44:21
That's going to be
where the RFA comes into play is brand

00:47:44:21 - 00:47:47:21
new providers into the system.

00:47:51:13 - 00:47:53:08
All right, another question.

00:47:53:08 - 00:47:57:06
So will individuals who are needs group
one through three

00:47:57:08 - 00:48:01:09
have the opportunity to choose, select
and clinically enhanced providers

00:48:02:00 - 00:48:03:15
so they will get those folks?

00:48:03:15 - 00:48:06:19
It's not that they are not able

00:48:07:06 - 00:48:10:12
to be supported by select
and clinically enhanced providers.

00:48:10:24 - 00:48:12:07
They absolutely are.

00:48:13:24 - 00:48:17:14
It's really a matter
of is it the right fit for everyone?

00:48:17:14 - 00:48:19:08
Is it right fit for the individual?

00:48:19:08 - 00:48:22:15
Is it the right fit
for the provider agency?

00:48:22:22 - 00:48:26:02
But yeah,
there is not any sort of prohibition on

00:48:27:03 - 00:48:31:13
clinically enhanced
or select providers from accepting folks

00:48:31:22 - 00:48:34:22
who are in group one through three.

00:48:37:22 - 00:48:40:22
So once you get a couple of questions
here,

00:48:43:18 - 00:48:47:04
will individuals of all needs groups

00:48:47:14 - 00:48:51:16
inclusive a lower level in these groups
be referred to those providers?

00:48:52:01 - 00:48:55:23
Yeah, I think I served as answered
that question with the last one.

00:48:57:04 - 00:49:00:08
So yeah, those folks, regardless of needs
group,

00:49:00:08 - 00:49:03:08
can be supported
by any provider in any tier.

00:49:05:11 - 00:49:10:04
And I think the concern here is does it
sort of then have to play

00:49:10:04 - 00:49:14:23
into the expectation in terms of average

00:49:15:03 - 00:49:18:03
needs level and health care level?

00:49:18:04 - 00:49:21:04

And that will really be something
that the provider

00:49:22:00 - 00:49:25:09
needs to take into consideration
as they're reviewing referrals.

00:49:29:22 - 00:49:32:22
All right.

00:49:32:24 - 00:49:37:03
And here's a question
kind of provider based in one county

00:49:37:03 - 00:49:41:12
to submit an application
for an open RFA in a different county.

00:49:42:18 - 00:49:45:18
So maybe maybe I answered this one

00:49:45:20 - 00:49:49:24
with the response about RFA.

00:49:50:08 - 00:49:53:19
Are we going the RFA route
for already qualified providers?

00:49:54:12 - 00:49:58:03
So if they're already qualified,
we're not going to necessarily be.

00:49:58:15 - 00:50:00:07
We don't need the RFA process.

00:50:00:07 - 00:50:04:07
The RFP process is going to be
for brand new providers

00:50:05:11 - 00:50:08:11
looking to come in.

00:50:09:15 - 00:50:12:15
I would

00:50:13:12 - 00:50:15:18

think primary providers already supporting

00:50:15:18 - 00:50:19:18
individuals with needs Group
four or five, Will

00:50:19:18 - 00:50:23:18
the primary provider be able to continue
providing services to those individuals?

00:50:24:02 - 00:50:25:02
They will they will.

00:50:25:02 - 00:50:27:13
We will not be asking anyone.

00:50:27:13 - 00:50:30:21
Like I said earlier,
we have plenty of folks who

00:50:30:22 - 00:50:35:16
are needs group 4 or 5 are being supported
by primary providers being supported.

00:50:35:16 - 00:50:40:07
Well by primary providers, and we're not
going to ask those folks to move.

00:50:40:08 - 00:50:42:03
So that's that's not on the table.

00:50:46:06 - 00:50:47:14
A question.

00:50:47:14 - 00:50:48:07
This is a good one.

00:50:48:07 - 00:50:49:12
What's your sense

00:50:49:12 - 00:50:52:15
about the willingness for providers
to expand into other counties,

00:50:53:01 - 00:50:56:06
especially those needed to support

people of higher acuity?

00:50:56:06 - 00:50:59:07
Currently, we struggle
with getting providers to expand.

00:51:00:00 - 00:51:01:12
This is a great question.

00:51:01:12 - 00:51:06:04
I'm glad you asked
because I think one of the things that

00:51:07:11 - 00:51:10:16
we have all sort of seen
and heard reported

00:51:11:12 - 00:51:14:12
this since we released initially the

00:51:16:13 - 00:51:18:19
preliminary sort of performance

00:51:18:19 - 00:51:21:19
measures and concept paper
and that sort of thing.

00:51:22:06 - 00:51:25:04
Once we tend to start signaling
that we're moving

00:51:25:04 - 00:51:28:04
in a particular direction,

00:51:28:04 - 00:51:31:04
I think many providers are able to

00:51:32:08 - 00:51:35:08
you know, it's
not really reading between the lines we've

00:51:35:08 - 00:51:37:09
we've kind of indicated
that this is the direction

00:51:37:09 - 00:51:40:24

we're moving in and they tend
to be pretty responsive to that.

00:51:41:16 - 00:51:44:11
And so I think the last couple of years

00:51:44:11 - 00:51:48:22
we've heard time and time again
the difficulty is in terms of

00:51:50:01 - 00:51:51:07
the willingness like you're

00:51:51:07 - 00:51:55:02
describing, of providers to expand

00:51:55:02 - 00:51:59:11
and take people who might be
a little more challenging to support.

00:52:00:08 - 00:52:03:17
And we really have seen
some of that bottleneck

00:52:03:17 - 00:52:08:23
start to loosen up in terms
of residential providers taking folks.

00:52:09:12 - 00:52:14:03
And I think that as residential providers
kind of look towards the future

00:52:15:04 - 00:52:18:01
and what they want to do in terms of

00:52:18:01 - 00:52:21:06
do they want to achieve the select
and clinically enhanced status,

00:52:21:22 - 00:52:25:06
I think that we will see certainly
a lot more willingness

00:52:25:06 - 00:52:28:19
for providers to expand into areas
where they previously weren't

00:52:29:08 - 00:52:34:03
or to start really raising the bar
in terms of the quality of supports

00:52:34:03 - 00:52:37:15
that they're providing, raising the bar
in terms of training for staff,

00:52:38:11 - 00:52:41:03
we're like I said,
already seeing some of that

00:52:42:05 - 00:52:44:15
sort of transpire.

00:52:44:15 - 00:52:48:22
When we look at the time to service,
we were really previously

00:52:48:22 - 00:52:51:22
looking at I mean,
we were getting answers from providers.

00:52:52:02 - 00:52:54:01
While we're getting answers
from providers of

00:52:54:01 - 00:52:57:22
it'll take us, we'll support this person,
but it's going to take us nine

00:52:57:22 - 00:53:01:03
months, 12 months
for us to get them into a program.

00:53:01:21 - 00:53:05:03
And we've already seen drastic decreases

00:53:05:20 - 00:53:11:06
in sort of the timeline,
you know, how long it's taking for people

00:53:11:06 - 00:53:15:19
to move into start
receiving those residential services,

00:53:16:09 - 00:53:19:16
especially when we're talking about folks
who are stuck in bad

00:53:19:16 - 00:53:22:16
situations,
stuck in hospitals, stuck in jails.

00:53:22:24 - 00:53:24:09
You name it.

00:53:24:09 - 00:53:27:17
We were even in those situations
getting the response of it's

00:53:27:17 - 00:53:30:17
going to take us 6 to 9 months
to get something up and running.

00:53:31:05 - 00:53:33:10
So I do think the providers are

00:53:34:11 - 00:53:35:12
feeling more open

00:53:35:12 - 00:53:39:05
to the idea of expansion
and supporting more people

00:53:39:05 - 00:53:43:06
and having kind of a different footprint
than what they historically have had.

00:53:46:11 - 00:53:47:08
All right.

00:53:47:08 - 00:53:49:00
Why don't we

00:53:49:00 - 00:53:52:16
move on to the next couple
and we can come back to any questions

00:53:52:16 - 00:53:56:00
that we don't get a chance

to cover in the slides.

00:53:57:22 - 00:54:00:12
So with respect to the QA&I process,

00:54:00:12 - 00:54:03:12
there's really no immediate impacts here.

00:54:03:20 - 00:54:07:00
We can tell everyone by way of background,

00:54:07:17 - 00:54:10:00
we did review

00:54:10:00 - 00:54:12:05
QA&I provider tool

00:54:12:05 - 00:54:13:24
and directly your crosswalk that

00:54:13:24 - 00:54:17:10
with all of our performance standards
and our performance measures

00:54:18:10 - 00:54:21:10
within performance based contracting

00:54:21:10 - 00:54:25:11
and while some of them
might have a similar theme,

00:54:25:18 - 00:54:28:21
none of them actually directly overlap

00:54:28:21 - 00:54:31:21
or answer or measure the same thing.

00:54:32:08 - 00:54:36:11
And so nothing has been removed
or from QA&I

00:54:36:22 - 00:54:39:22
with respect to performance
based contracting.

00:54:40:03 - 00:54:40:21

The other thing

00:54:42:01 - 00:54:43:17
to kind of keep in mind

00:54:43:17 - 00:54:48:14
that we will be evaluating provider
performance on an annual basis.

00:54:48:20 - 00:54:52:15
And as you all know, QA&I only happens once every three years.

00:54:53:08 - 00:54:56:08
And so those QA&I data,

00:54:56:11 - 00:55:01:18
while they will still be used to inform
things like our CMS performance measures

00:55:01:24 - 00:55:05:23
and certainly QA&I
is sort of one of those early indicators

00:55:05:23 - 00:55:08:23
of where we're starting
to see some performance slip.

00:55:09:05 - 00:55:12:00
We will still continue to use that data

00:55:12:00 - 00:55:14:10
in those same ways.

00:55:14:10 - 00:55:16:14
We're not necessarily taking.

00:55:16:14 - 00:55:21:01
Here's the result from QA&I,
and it's directly impacting the provider's

00:55:21:08 - 00:55:24:08
tier for this particular year.

00:55:24:22 - 00:55:29:00
We do, however, anticipate
that there might be some performance

00:55:29:00 - 00:55:34:05
based contracting measures
that we will validate for QA&I. So

00:55:37:06 - 00:55:38:23
if there's something like

00:55:38:23 - 00:55:41:23
we want, AEs this year to look at

00:55:42:06 - 00:55:45:17
a measure that we've included
in performance based contracting

00:55:46:13 - 00:55:51:17
to kind of do a routine check
to make sure that it is in fact happening

00:55:52:02 - 00:55:57:14
as the provider sort of demonstrated,
it was maybe in January,

00:55:57:15 - 00:56:02:02
January or so, by the next time
that maybe the AE goes out to do.

00:56:02:12 - 00:56:05:10
QA&I just to say still happening,

00:56:05:10 - 00:56:08:10
things kind of look good
with respect to that performance measure.

00:56:09:03 - 00:56:11:20
We may do things like that.

00:56:11:20 - 00:56:14:04
And if we do, this is where I know

00:56:14:04 - 00:56:17:04
this past year there was a big push

00:56:17:09 - 00:56:20:17
and some training for the QA&I leads

00:56:21:21 - 00:56:24:21
around Fidelity to the process.

00:56:25:06 - 00:56:27:22
And this is where fidelity to that QA&I

00:56:27:22 - 00:56:30:22
process continues to be really critical

00:56:31:10 - 00:56:35:04
and not having deviations
between the way that any one.

00:56:35:04 - 00:56:38:19
QA&I reviewer or looks
at something and interpret something,

00:56:39:01 - 00:56:42:16
and then the person sitting next to them
says something different

00:56:43:02 - 00:56:45:24
for the same provider
or a different provider.

00:56:45:24 - 00:56:47:13
So we'll continue to

00:56:48:17 - 00:56:50:17
emphasize the importance of

00:56:50:17 - 00:56:53:14
fidelity to the process

00:56:53:14 - 00:56:57:08
as we move through
not only the performance based

00:56:57:08 - 00:57:00:08
contracting work but through our regular

00:57:00:17 - 00:57:03:17
QA&I work.

00:57:05:06 - 00:57:06:07
All right.

00:57:06:07 - 00:57:09:07
We can move to the next one. Karen.

00:57:11:06 - 00:57:12:22
All right.

00:57:12:22 - 00:57:15:22
With respect to incident management,
there's

00:57:15:22 - 00:57:18:22
hopefully folks who've had an opportunity
to take a look at

00:57:19:24 - 00:57:22:01
the performance measures

00:57:22:01 - 00:57:25:04
that specifically relate
to incident management performance.

00:57:26:08 - 00:57:31:21
So AEs should continue to do the work
that has been done

00:57:32:03 - 00:57:36:23
to reinforce the use of EIM dashboards
and support providers

00:57:37:12 - 00:57:41:14
in achieving their incident management
related performance measures.

00:57:41:14 - 00:57:46:10
And those targets are going to continue
to have AEs issue.

00:57:46:11 - 00:57:51:02
CAPS and DCAPS to providers when incident
management noncompliance is identified

00:57:52:08 - 00:57:57:04
and where you're not able to resolve
those issues through technical assistance.

00:57:57:19 - 00:58:01:19
I know that a lot of this work
has been happening related to health

00:58:01:19 - 00:58:05:17
and welfare three, which is one of our CMS
performance standards,

00:58:06:06 - 00:58:09:13
but also through things like provider
risk screening.

00:58:10:01 - 00:58:11:02
And just in general,

00:58:12:10 - 00:58:15:03
I know that there's lots of activity

00:58:15:03 - 00:58:21:12
happening at any given time
with the incident managers doing an awful

00:58:21:12 - 00:58:25:09
lot of work to support providers
through the incident management process,

00:58:27:05 - 00:58:29:17
I want to make sure that

00:58:29:17 - 00:58:33:22
especially we reinforce
with this group as you are maybe having

00:58:33:22 - 00:58:36:22
conversations with residential providers

00:58:37:14 - 00:58:40:14
about the performance standards

00:58:40:15 - 00:58:44:16
is just to say this is not new, all right,
This work, these responsibilities,

00:58:44:16 - 00:58:49:13
these expectations are certainly not new
related to incident management.

00:58:50:12 - 00:58:52:22
They've always existed for a long time.

00:58:52:22 - 00:58:56:14
And we've always measured
their performance like said, you know,

00:58:56:14 - 00:58:59:20
the incident management performance
measures are

00:59:01:23 - 00:59:03:11
something that's critical

00:59:03:11 - 00:59:07:08
in terms of our we Waiver application
and I think it's probably work

00:59:07:08 - 00:59:10:09
that you all have been a part of

00:59:10:16 - 00:59:13:16
and have seen in operation.

00:59:13:24 - 00:59:16:12
And really
we want to make sure that providers

00:59:16:12 - 00:59:19:17
understand
that it is their responsibility to

00:59:21:01 - 00:59:24:07
be conducting
all of their incident management work

00:59:24:22 - 00:59:27:02
with fidelity to the process.

00:59:27:02 - 00:59:28:03
Right.

00:59:28:03 - 00:59:31:18
So really, I think this is just
another sort of opportunity

00:59:31:22 - 00:59:35:10
to reinforce to the providers
that they've got those tools

00:59:35:15 - 00:59:38:15
at their fingertips
to be able to do this work.

00:59:38:23 - 00:59:42:11
And if we need the support
and more training,

00:59:42:13 - 00:59:46:07
more training and technical assistance
to help them to do that,

00:59:46:21 - 00:59:49:21
we we can definitely support them in that.

00:59:50:01 - 00:59:53:01
But really all of that to say

00:59:53:23 - 00:59:57:08
because incident management
fidelity is a performance standard

00:59:58:02 - 01:00:02:10
it really just does
I think put another spotlight

01:00:02:10 - 01:00:06:13
on the accuracy and timeliness of incident

01:00:06:13 - 01:00:09:13
reporting

01:00:14:24 - 01:00:15:17
to the next one.

01:00:15:17 - 01:00:18:17
Karen.

01:00:19:08 - 01:00:22:15
So with respect to provider
risk screening,

01:00:23:06 - 01:00:27:02
this is another area
where like with the QA&I process,

01:00:27:19 - 01:00:30:23
we basically took the provider
screening tool

01:00:31:03 - 01:00:34:03
and walked it with the performance
measures

01:00:34:06 - 01:00:37:06
or performance based contracting.

01:00:37:09 - 01:00:41:11
And again, an area where, you know
there's going to be some similarities,

01:00:41:19 - 01:00:43:06
but nothing that was

01:00:44:11 - 01:00:46:22
duplicative in any way,

01:00:46:22 - 01:00:49:20
but also the fact that provider
risk screening

01:00:49:20 - 01:00:53:17
is not necessarily a measurement tool.

01:00:54:16 - 01:00:58:10
And if anything, it's more of a
let's kind of take the temperature

01:00:58:10 - 01:01:02:14
and see if there's anything we need to be
concerned about here with this provider.

01:01:02:14 - 01:01:07:04
So we're not looking at
any immediate changes to the tool.

01:01:07:12 - 01:01:12:01

We did work with the Provider
Risk Steering Committee,

01:01:13:00 - 01:01:17:18
which is comprised of AE membership,
many of whom are on call today

01:01:18:14 - 01:01:21:10
to kind of run through those documents

01:01:21:10 - 01:01:24:10
and make sure that we weren't
missing anything.

01:01:25:00 - 01:01:29:17
So where AEs identify areas of risk
that that work

01:01:29:17 - 01:01:33:22
continues, we notify the regional office
throughout the current process.

01:01:34:04 - 01:01:35:16
Let us know if you're moving

01:01:35:16 - 01:01:39:06
through those different phases of the
provider risk screening process.

01:01:40:15 - 01:01:43:15
And but one thing that we might

01:01:44:16 - 01:01:47:21
add is in terms of indicators
to the provider risk

01:01:47:21 - 01:01:52:12
screening tool would be
if there are identified risks

01:01:52:12 - 01:01:57:08
that could impact those providers
performance in terms of the measures.

01:01:57:14 - 01:02:01:18
So using incident management, for example,

because that is an area

01:02:01:18 - 01:02:05:22
where we're looking at provider compliance
with incident management.

01:02:07:08 - 01:02:10:15
So those would be things
that we would want to flag and say

01:02:11:02 - 01:02:14:02
we really need to do some targeted
technical assistance

01:02:14:18 - 01:02:18:04
and make sure that this provider
understands

01:02:18:09 - 01:02:20:16
what their responsibilities are.

01:02:20:16 - 01:02:23:04
Is it
something that just fell off temporarily?

01:02:23:04 - 01:02:27:13
How do we get them back into a place
where they're complying,

01:02:27:13 - 01:02:31:05
not only complying with sort of those
basic incident management requirements,

01:02:31:21 - 01:02:34:21
but certainly if we're
talking about those providers where

01:02:35:07 - 01:02:37:16
selected,
clinically enhanced, will we set those

01:02:38:22 - 01:02:41:16
additional sort of performance standards

01:02:41:16 - 01:02:46:01
related to percentages of timely incidents

and that sort of thing?

01:02:46:23 - 01:02:51:07
Want to make sure that we're supporting
those providers in those specific areas?

01:02:52:09 - 01:02:56:12
And then one other thing
that hopefully folks have kind of heard

01:02:56:12 - 01:03:00:10
about here
and there and a tool that I think

01:03:00:10 - 01:03:05:08
is going to help all of us
with respect to our our work in this area.

01:03:05:08 - 01:03:08:08
But we recently procured software

01:03:09:12 - 01:03:11:10
that basically what it does

01:03:11:10 - 01:03:14:23
is takes data
from a multitude of different areas.

01:03:14:23 - 01:03:19:01
So it's looking at Medicaid claims,
it's looking at ODP claim

01:03:19:01 - 01:03:22:23
information and authorization information.

01:03:22:23 - 01:03:26:17
So it can pull in who the provider is
through the supports coordinator

01:03:26:17 - 01:03:29:17
is where folks are from.

01:03:29:19 - 01:03:31:16
We've got

01:03:31:16 - 01:03:34:20

diagnoses that coming in
from the health care

01:03:34:20 - 01:03:37:23
claims data as a really, really rich

01:03:39:07 - 01:03:41:21
volume of information

01:03:41:21 - 01:03:44:05
in this tool basically helps us

01:03:44:05 - 01:03:47:20
do the analytics related to risk areas.

01:03:48:04 - 01:03:52:24
And so we started this work
really looking at the incident fidelity.

01:03:52:24 - 01:03:56:00
So if there was a hospital
claim generated, did

01:03:56:00 - 01:04:00:04
we have a corresponding incident
from that residential provider?

01:04:00:22 - 01:04:03:17
This software helps us to match up

01:04:03:17 - 01:04:06:17
and determine
whether or not that's happening.

01:04:07:06 - 01:04:10:10
But as we have begun to implement
the software,

01:04:11:04 - 01:04:14:02
we are seeing more and more areas

01:04:14:02 - 01:04:17:05
where this can really enhance

01:04:17:05 - 01:04:20:05
our ability to identify risk early on

01:04:20:14 - 01:04:23:05
and be able to support

01:04:23:05 - 01:04:26:13
an appropriate response based on
what's going on with that individual.

01:04:27:05 - 01:04:32:02
So right now it is something
that only ODP staff has access to.

01:04:33:04 - 01:04:36:07
We don't
we don't have a way to limit roles

01:04:37:12 - 01:04:40:16
the way that we do in HICSIS, for example,
where you can only see

01:04:40:16 - 01:04:41:19
the folks that are supported,

01:04:42:19 - 01:04:45:03
the county that you work for.

01:04:45:03 - 01:04:47:00
But we are hopeful to work with this

01:04:47:00 - 01:04:50:00
vendor and be able to

01:04:50:08 - 01:04:54:14
provide the ability for counties
to be able to have access to this as well.

01:04:54:14 - 01:04:57:01
But in the meantime,

01:04:57:01 - 01:05:00:01
our regional staff have access to this.

01:05:00:01 - 01:05:03:01
Really
everybody within ODP has access to it,

01:05:03:11 - 01:05:06:11
and it really is going to be a

01:05:07:00 - 01:05:09:20
game changer when it comes to our ability

01:05:09:20 - 01:05:12:20
to sort of anticipate and forecast

01:05:14:10 - 01:05:16:04
potential

01:05:16:04 - 01:05:19:04
things that we know
are indicative of risk.

01:05:19:12 - 01:05:23:23
If we can start to kind of
put those patterns together over time to

01:05:24:04 - 01:05:28:12
really start to understand our population
and really get to some of the work that

01:05:29:15 - 01:05:32:15
a lot of us have very invested in
is how do how do we get

01:05:33:08 - 01:05:38:00
the right supports in place for people
before the bad stuff starts to happen

01:05:38:05 - 01:05:41:04
so that we can avoid it and divert

01:05:41:04 - 01:05:44:00
some of that,
some of the harmful stuff from happening?

01:05:46:18 - 01:05:48:00
Right.

01:05:48:00 - 01:05:51:07
We can move on to the next slide.

01:05:52:22 - 01:05:55:17

So we have a couple of questions
on data collection

01:05:55:17 - 01:05:58:18
and not a whole lot to report out on here.

01:05:59:05 - 01:06:01:00
We're not necessarily right now.

01:06:01:00 - 01:06:05:08
There's nothing specific that we're going
to be looking to AEs

01:06:05:08 - 01:06:08:08
for when it comes to provide
a performance data.

01:06:08:23 - 01:06:11:23
This is really going to be at the outset.

01:06:12:03 - 01:06:15:03
We do not anticipate
having our vendor on line.

01:06:15:19 - 01:06:18:19
And so we have an internal team
put together

01:06:18:21 - 01:06:23:15
who will be collecting all of the data
from residential providers,

01:06:24:08 - 01:06:28:06
doing the analysis and making the tier

01:06:28:08 - 01:06:31:08
decisions for residential providers.

01:06:31:09 - 01:06:34:04
So temporarily that will be the process.

01:06:34:04 - 01:06:38:05
And then over time,
once we have the vendor in place,

01:06:38:20 - 01:06:41:07

they will take over doing that work.

01:06:41:07 - 01:06:46:02
So again, nothing terribly specific
to data collection at this point

01:06:47:07 - 01:06:50:07
for AEs.

01:06:54:05 - 01:06:57:05
and got any questions in here?

01:07:00:09 - 01:07:02:13
All right.

01:07:02:13 - 01:07:04:15
I just learned there was actually yeah,

01:07:04:15 - 01:07:07:15
there was one that came up a while back

01:07:08:02 - 01:07:11:00
that we should respond
to sort of as a question

01:07:11:00 - 01:07:15:12
what benchmarks will be used for ODP
to determine if an RFA is needed?

01:07:15:20 - 01:07:18:03
Is that regional or statewide?

01:07:18:03 - 01:07:20:16
So part of what

01:07:20:16 - 01:07:23:18
we are doing in our b 4 application
with the federal government

01:07:23:18 - 01:07:28:06
is we have to provide assurances
that even though we are limiting

01:07:28:06 - 01:07:32:02
the provider pool from every willing
and qualified, that people have access.

01:07:32:02 - 01:07:36:10
And so we've set a couple of different standards in there.

01:07:36:10 - 01:07:39:17
One is that there will be at least two residential

01:07:39:17 - 01:07:42:17
providers per county.

01:07:42:17 - 01:07:45:19
The other one is a sort of timely access standard,

01:07:45:19 - 01:07:51:03
which is on average individuals from date of acceptance

01:07:51:07 - 01:07:57:13
to date of first day of service with the residential provider is 90 days

01:07:57:13 - 01:08:02:04
for res hab. 180 days for supported living and life sharing.

01:08:02:17 - 01:08:05:17
So those are sort of two things that we're going to have to hit

01:08:05:20 - 01:08:06:22
with the federal government.

01:08:06:22 - 01:08:08:20
So we will be watching that very closely.

01:08:08:20 - 01:08:13:16
And I think we've we have we will lot of small providers.

01:08:14:07 - 01:08:16:24
We you know, of our 400

01:08:18:04 - 01:08:21:04

providers, we have

01:08:21:16 - 01:08:25:03
more than a third of them
are under ten individuals.

01:08:25:10 - 01:08:27:19
We have a number
in kind of that mid-sized.

01:08:27:19 - 01:08:31:06
So, you know, part of part of what
we're trying to do here

01:08:31:06 - 01:08:35:00
and make sure that we've got
the financial structure to do

01:08:35:00 - 01:08:38:20
is build the quality of the provider pool
that we have.

01:08:38:20 - 01:08:42:18
So we're, you know, and encourage them.

01:08:42:18 - 01:08:43:05
We have,

01:08:43:05 - 01:08:47:23
I think, made it pretty clear that we're
investing in residential services.

01:08:48:06 - 01:08:52:13
We are investing in capacity
in our residential services.

01:08:52:13 - 01:08:56:07
And so we do expect that providers
who are providing good

01:08:56:07 - 01:09:00:16
services are open for business
and are taking new referrals.

01:09:01:05 - 01:09:04:22
So, you know, I we certainly want to see

01:09:04:22 - 01:09:09:00
some of these small providers grow into,
you know, either

01:09:09:00 - 01:09:12:06
large or small providers
or mid-sized providers

01:09:12:24 - 01:09:15:01
and do that thoughtfully and plan fully.

01:09:15:01 - 01:09:18:04
And again, I think I think we have
a pretty good financial structure

01:09:18:04 - 01:09:19:12
to do that.

01:09:19:12 - 01:09:22:14
That said, if we are hearing
we're going to be looking

01:09:22:14 - 01:09:27:18
for quarterly reporting from all of you
to help us identify if we have gaps.

01:09:27:18 - 01:09:30:14
So I think in terms of an RFA,

01:09:30:14 - 01:09:34:18
we're going to look to an RFA
for for a couple of reasons.

01:09:34:18 - 01:09:37:16
One, if we can't hit those timeframes,

01:09:38:19 - 01:09:40:07
if we don't have

01:09:40:07 - 01:09:44:04
two providers per county,
those are going to be, you know,

01:09:44:04 - 01:09:48:06
either we're going to work with the pool

we have and try to fill that gap

01:09:48:16 - 01:09:50:11
or that's going to be an RFA.

01:09:50:11 - 01:09:53:11
The other circumstance, I think,
and this is going to come more

01:09:53:11 - 01:09:57:19
from your sort of reporting
and us getting information from you

01:09:58:14 - 01:10:01:14
is likely to be if we are seeing

01:10:01:21 - 01:10:05:02
that we really have a need
to bring in providers

01:10:05:11 - 01:10:08:13
for medical complexity
or really have a need to bring in

01:10:08:22 - 01:10:11:22
providers to support individuals with

01:10:12:09 - 01:10:15:03
a sexually offending behavior.

01:10:15:03 - 01:10:18:12
So, you know,
I imagine we may look to an RFA

01:10:18:12 - 01:10:22:12
if they're sort of specialty things
that we really we've not been able

01:10:22:12 - 01:10:25:17
to build capacity
within the current provider pool

01:10:26:15 - 01:10:29:15
or we're not hitting
the measures that we told the feds.

01:10:29:24 - 01:10:33:16
So those are 2 to 2 different areas where

01:10:34:08 - 01:10:38:11
I think you could expect that
we probably look to an RFA for expansion.

01:10:38:11 - 01:10:39:10
But our, our,

01:10:39:10 - 01:10:43:12
our primary pressure here is going to be
on the existing provider pool.

01:10:44:04 - 01:10:45:13
We have some really good providers.

01:10:45:13 - 01:10:50:00
We have some very poorly performing
providers as well, but we also have

01:10:50:00 - 01:10:54:15
some very good providers and
I think providers who are eager to do more

01:10:55:05 - 01:10:58:06
and and fill, meet and fill the needs.

01:10:58:06 - 01:11:04:00
And so to the extent that we can support
the existing provider network to meet

01:11:04:00 - 01:11:08:04
the needs in the Commonwealth, and we're
certainly interested in doing that.

01:11:09:01 - 01:11:10:05
So I appreciate the question

01:11:13:08 - 01:11:14:00
and this one's kind

01:11:14:00 - 01:11:17:00
of a more general question,
but it's a good one.

01:11:17:00 - 01:11:19:24
So if over the first 18 months

01:11:19:24 - 01:11:23:17
or the period of a year, the future,
if a provider

01:11:23:17 - 01:11:28:19
who is clinically enhanced or select falls
off in one area, will that be enough

01:11:28:19 - 01:11:31:19
to drop their tier assignment
for the future year?

01:11:32:02 - 01:11:36:12
So summary question Will
they need to maintain that performance

01:11:36:12 - 01:11:40:20
in all measured areas in order
to maintain their assigned tier So

01:11:41:21 - 01:11:43:08
we publicly. Right.

01:11:43:08 - 01:11:46:08
Have said that yes, providers are

01:11:46:12 - 01:11:49:12
what we're looking for in the current

01:11:50:03 - 01:11:52:08
proposed

01:11:52:08 - 01:11:54:20
performance standards and waiver package

01:11:54:20 - 01:11:58:10
is that providers would need 100%
of all the measures.

01:11:59:03 - 01:12:03:03
That is one of the areas
where we did get a lot of public comment.

01:12:03:24 - 01:12:07:15
And so something that we
are considering in terms of

01:12:09:13 - 01:12:10:12
what is there a

01:12:10:12 - 01:12:13:12
threshold, right, in terms of does
does one

01:12:15:01 - 01:12:17:06
performance noncompliance or

01:12:17:06 - 01:12:21:06
or poor performance in one area

01:12:21:20 - 01:12:24:08
bounce them out of a tier?

01:12:24:08 - 01:12:27:09
And so that's one of the things
that we are taking back

01:12:27:09 - 01:12:31:05
and considering for with as we review
public comment.

01:12:32:09 - 01:12:33:19
We've got Rick.

01:12:33:19 - 01:12:36:11
Hey, Lauren, I was just going to add

01:12:36:11 - 01:12:37:24
related.

01:12:37:24 - 01:12:40:09
I, I think it's important to note
that this is not intended

01:12:40:09 - 01:12:43:24
to be a static process in the measures
aren't intended to be static.

01:12:44:17 - 01:12:49:24

So it will be, you know, in all likelihood
ramping them up in future years as we,

01:12:50:07 - 01:12:54:06
you know, continue to improve quality
of the performance of the providers.

01:12:55:09 - 01:12:58:09
So, yes,
those measures will be changing over time.

01:12:59:00 - 01:13:00:17
Yeah, absolutely.

01:13:00:17 - 01:13:04:04
Thanks, Rick. I

01:13:05:11 - 01:13:06:21
don't see that we have any

01:13:06:21 - 01:13:09:21
open questions, so we'll keep going Karen.

01:13:11:22 - 01:13:13:01
All right.

01:13:13:01 - 01:13:17:08
So moving into providing
technical assistance, so we will be asking

01:13:17:08 - 01:13:20:08
AEs to provide technical assistance

01:13:20:12 - 01:13:23:12
related performance based contracting.

01:13:23:14 - 01:13:26:14
And again, I mentioned the PACA work group.

01:13:27:05 - 01:13:30:05
We have a couple of people
who've been identified as sort of our

01:13:31:00 - 01:13:33:03
county based experts.

01:13:33:03 - 01:13:37:19
They were invited to participate
in all of the provider summits

01:13:38:17 - 01:13:39:19
that have been happening.

01:13:39:19 - 01:13:44:11
And then like you mentioned, we have the
final one on Thursday next week.

01:13:45:06 - 01:13:48:03
And so they have had sort of that

01:13:48:03 - 01:13:52:11
close opportunity
to hear all the questions and answers

01:13:53:07 - 01:13:57:16
and walk through every single
one of those performance measures so far

01:13:58:12 - 01:14:03:13
with sort of the walk through and the
the support and those live sessions.

01:14:04:13 - 01:14:07:15
And we
will continue to work with that group

01:14:08:06 - 01:14:10:19
to make sure that there is sort of a group

01:14:10:19 - 01:14:15:11
of locally based experts for folks
who have questions

01:14:15:24 - 01:14:18:11
certainly ODP will always be available

01:14:18:11 - 01:14:23:09
when it comes to answering
provider questions or anything like that.

01:14:23:09 - 01:14:26:09
Folks are just feeling

like we're not sure of the answer.

01:14:26:13 - 01:14:29:11
We don't want to steer people
in the wrong direction.

01:14:29:11 - 01:14:34:10
We will absolutely have plenty
of resources for folks to ask questions.

01:14:35:08 - 01:14:39:24
So on that topic,
we will be publishing an FAQ document

01:14:39:24 - 01:14:44:09
for the field to use once
those performance measures are finalized.

01:14:45:05 - 01:14:47:13
And of course, that that document

01:14:47:13 - 01:14:51:02
will need to be updated regularly
and not only with those new questions,

01:14:51:10 - 01:14:56:07
but like Rick just mentioned,
as performance measures change over time,

01:14:57:17 - 01:14:58:09
we will

01:14:58:09 - 01:15:01:09
be continually updating that document.

01:15:01:24 - 01:15:06:04
As always, we're going to be available
for questions and discussion.

01:15:07:01 - 01:15:10:01
So whether it's inviting

01:15:10:08 - 01:15:13:15
ODP staff to your regularly occurring
provider meetings

01:15:14:05 - 01:15:17:05
or whatever
those forums might look like for you all,

01:15:17:10 - 01:15:20:10
please just do some outreach
your regional offices

01:15:20:22 - 01:15:23:22
and we'll be available to support

01:15:24:05 - 01:15:24:19
you all.

01:15:24:19 - 01:15:28:12
As everybody gets familiar and comfortable

01:15:28:12 - 01:15:31:12
with performance measures and the process.

01:15:32:01 - 01:15:35:05
And then we also have a resource account
that's been created

01:15:35:15 - 01:15:39:05
specifically for performance based
contracting related questions.

01:15:39:24 - 01:15:43:04
And so again, if there are providers

01:15:43:04 - 01:15:47:03
with questions that you're not feeling
confident enough yet to answer,

01:15:47:17 - 01:15:48:22
you can definitely refer them

01:15:48:22 - 01:15:52:20
to the RA account
and you have access to this PowerPoint

01:15:52:20 - 01:15:56:21
so you can pull the email
address out when you need it.

01:15:59:24 - 01:16:00:17
All right.

01:16:00:17 - 01:16:03:17
Next slide. Karen

01:16:04:04 - 01:16:06:24
think this is getting close to the end.

01:16:06:24 - 01:16:09:24
I don't see any questions,
so we'll just keep going.

01:16:11:02 - 01:16:14:02
So relative to HCSIS changes

01:16:14:13 - 01:16:17:23
or what's going to be in
what's not going to be available in HCSIS,

01:16:19:05 - 01:16:21:15
provider tiers,
we're not going to be adding

01:16:21:15 - 01:16:27:13
provider tiers into this,
but we will be able to add them in ECM.

01:16:28:03 - 01:16:31:15
So when we do have ECM,
I think those will be a much easier way

01:16:32:08 - 01:16:37:00
for all of you to have access
to what provider tiers,

01:16:37:24 - 01:16:40:24
what tier applies to which provider,

01:16:41:09 - 01:16:45:07
and then also we are not building
procedure codes

01:16:45:07 - 01:16:48:07
to be connected to a provider tier.

01:16:49:03 - 01:16:51:22
So hopefully folks, as you've

01:16:51:22 - 01:16:56:18
either gone through the overview webinar
or read through the materials

01:16:56:18 - 01:17:00:01
that have been published, select
and clinically enhanced,

01:17:00:15 - 01:17:03:08
they will be essentially receiving

01:17:03:08 - 01:17:06:04
fee schedule rate plus a proposed.

01:17:06:04 - 01:17:07:22
Again, this is all still

01:17:09:01 - 01:17:10:06
contingent, right?

01:17:10:06 - 01:17:13:20
A proposed five or 8%, five for select

01:17:13:24 - 01:17:16:24
providers,
8% for clinically enhanced providers.

01:17:17:17 - 01:17:20:17
So those additional

01:17:21:09 - 01:17:24:04
percentages are not going to be connected

01:17:24:04 - 01:17:27:22
to those procedure codes in HCSIS. Right?

01:17:27:22 - 01:17:33:12
So they're not going to be connected
to the tier status and that sort of thing.

01:17:34:12 - 01:17:36:13
So no, that that was

01:17:36:13 - 01:17:39:24
the question that had come in
from a couple of those just around.

01:17:40:16 - 01:17:44:13
How do we authorize additional 5% or 8%?

01:17:45:13 - 01:17:48:21
So that's not going to be attached
to those procedure

01:17:48:21 - 01:17:51:21
codes,

01:17:52:24 - 01:17:55:04
right?

01:17:55:04 - 01:17:58:04
You can move on Karen,

01:17:59:08 - 01:18:02:21
have a lot of questions
related to these funded individuals.

01:18:02:21 - 01:18:05:15
And I think we actually had
a couple of questions come in today.

01:18:05:15 - 01:18:08:15
So we'll we'll read those out loud to.

01:18:08:22 - 01:18:12:01
But for starters, base funded individual

01:18:12:01 - 01:18:16:24
data is not going to be used
in the provider's performance data.

01:18:17:07 - 01:18:23:23
So when we look at average
health care level, when we look at average

01:18:23:23 - 01:18:28:06
needs level, that that information
not going to be coming in.

01:18:28:10 - 01:18:32:02
One is that these funded individuals
are not getting insurance,

01:18:32:20 - 01:18:37:01
but they're just generally not included
in the population of folks

01:18:37:01 - 01:18:41:03
that we're using to kind of set
the providers here.

01:18:41:05 - 01:18:44:05
Here's their benchmark status, right?

01:18:45:01 - 01:18:50:05
Also based on it, individuals like I just
said, they're not in HRS.

01:18:50:08 - 01:18:54:22
They're not going to be added to HRS
unless those folks have been identified

01:18:55:22 - 01:18:59:04
to be moving from base to waiver.

01:18:59:12 - 01:19:03:19
So if they were previously on a campus
somewhere for a period of time

01:19:04:03 - 01:19:07:17
moving into waiver
eligible community living arrangement

01:19:07:17 - 01:19:09:04
or supported living or whatever,

01:19:09:04 - 01:19:13:16
the next sort of residential program
is going to be for them

01:19:15:00 - 01:19:17:13
and those folks,

01:19:17:13 - 01:19:21:07
you can email us and let us know,

can you add these folks

01:19:21:07 - 01:19:24:20
so that the provider can get working
on each HRS, that sort of thing?

01:19:25:16 - 01:19:28:10
But generally speaking,

01:19:28:10 - 01:19:30:10
folks are going to be remaining

01:19:30:10 - 01:19:34:22
base funded forever and for whatever
reason specific to that person,

01:19:35:21 - 01:19:38:18
they would not be
they're not going to be added

01:19:38:18 - 01:19:42:05
to each HRS
to have the HRST completed.

01:19:43:08 - 01:19:47:01
And then another question
really around payment,

01:19:47:10 - 01:19:50:10
but that AEs are not obligated to pay

01:19:51:07 - 01:19:55:07
select and clinically enhanced
those proposed additional percentages.

01:19:55:07 - 01:19:58:16
The five and 8% or pay for performance

01:19:58:16 - 01:20:04:04
incentives for base funded individuals,
certainly entirely up to you

01:20:04:04 - 01:20:07:22
all in terms of how you manage contracts
and that sort of thing,

01:20:08:17 - 01:20:11:09
that if you would want to

01:20:11:09 - 01:20:14:22
incentivize providers,
performance based provider performance

01:20:15:21 - 01:20:18:21
to, take that into consideration.

01:20:20:08 - 01:20:24:07
So I guess I want to read out loud

01:20:24:07 - 01:20:27:23
a quick question
that we got related to base funded folks.

01:20:27:23 - 01:20:31:23
So since base funded individuals
are not involved in this process

01:20:32:16 - 01:20:36:21
and do not have needs group
levels assigned, will it be up to the SC

01:20:37:00 - 01:20:40:03
individual provider
as to who gets the referral?

01:20:41:11 - 01:20:43:15
So effectively, does it not matter

01:20:43:15 - 01:20:46:16
even if they're high needs
if they go to a primary provider?

01:20:47:14 - 01:20:47:22
Right.

01:20:47:22 - 01:20:51:19
So one point of clarification,
those based funded folks

01:20:51:19 - 01:20:55:21
can have this SIS assessment
and they may or may not,

01:20:56:19 - 01:21:01:03
But for that,
this would only apply to folks

01:21:01:03 - 01:21:05:02
who are funded through a consolidated

01:21:05:16 - 01:21:08:16
or community living waiver.

01:21:12:06 - 01:21:15:06
I don't think there were any other

01:21:15:09 - 01:21:17:20
base funding related questions

01:21:17:20 - 01:21:20:10
that came in this afternoon.

01:21:20:10 - 01:21:20:23
Those were it.

01:21:29:06 - 01:21:30:21
All right.

01:21:30:21 - 01:21:31:02
Yeah.

01:21:31:02 - 01:21:34:21
So I think our really this is more
just question and answer time

01:21:35:04 - 01:21:38:04
and anything else that might be

01:21:39:10 - 01:21:43:01
everyone's mind
related to performance based contracting.

01:21:43:22 - 01:21:47:10
Anything we didn't cover today
that you wanted us

01:21:47:10 - 01:21:51:22
to answer some questions

or just have commentary on that.

01:21:51:22 - 01:21:54:07
We're certainly happy to take it again.

01:21:54:07 - 01:21:57:13
You can use the question and answer pad
or raise

01:21:57:13 - 01:22:00:13
your hand and Karen can unmute your mic.

01:22:12:01 - 01:22:13:05
There's a question

01:22:13:05 - 01:22:16:05
my county has has more than two providers.

01:22:16:15 - 01:22:18:18
There are often not adequate vacancies.

01:22:18:18 - 01:22:21:22
Are we able to place
individuals out of county or will

01:22:21:22 - 01:22:26:12
we need to notify ODP of need
so there's not

01:22:27:00 - 01:22:31:12
not going to be any limitation
in terms of placing people out of county.

01:22:32:08 - 01:22:34:15
You know, that really comes down to

01:22:35:18 - 01:22:36:22
individual preference

01:22:36:22 - 01:22:39:22
and making sure that the team agrees that

01:22:40:21 - 01:22:43:21
that's the right thing
to do for that person

01:22:43:23 - 01:22:48:15
and that that person is supportive of,
you know, not necessarily living in

01:22:48:15 - 01:22:52:10
maybe their county of origin,
if it's a neighboring county

01:22:52:10 - 01:22:55:14
or a couple counties
over or clear across the state.

01:22:55:20 - 01:22:57:11
Sometimes.

01:22:57:11 - 01:23:02:09
But just want to make sure
that it's more about individual preference

01:23:02:09 - 01:23:06:23
more than anything, and that the provider
that you're looking at

01:23:07:15 - 01:23:10:15
is going to meet the needs
of the individual.

01:23:10:21 - 01:23:14:02
Certainly, I think this is going to be
one of those areas where,

01:23:14:18 - 01:23:17:14
as we kind of develop the process

01:23:17:14 - 01:23:20:14
and set those criteria for

01:23:21:01 - 01:23:23:24
what do we need counties to be tracking

01:23:23:24 - 01:23:27:13
in terms of the availability of providers

01:23:27:20 - 01:23:28:17
so that you do have

01:23:28:17 - 01:23:32:13
kind of a general awareness of,
like you said, yeah, we have providers,

01:23:32:13 - 01:23:35:20
but we don't necessarily
have the right kind of providers

01:23:36:16 - 01:23:38:24
that really is going to be part

01:23:38:24 - 01:23:44:14
of the evaluation process of whether
or not there's enough sort of capacity

01:23:44:22 - 01:23:48:16
regionally or if there's providers
who would be interested

01:23:49:15 - 01:23:50:23
in coming

01:23:50:23 - 01:23:53:23
into your
county and providing those services.

01:23:54:09 - 01:23:57:09
But that will be important for

01:23:57:11 - 01:24:00:11
a data element to keep track of.

01:24:02:10 - 01:24:03:10
So we've got a question,

01:24:03:10 - 01:24:06:10
and maybe if Rick is still on,

01:24:06:15 - 01:24:09:05
Rick can help us answer this one.

01:24:09:05 - 01:24:12:08
How does the incentive payment process
work again,

01:24:13:07 - 01:24:17:02

pay the providers after
what ODP reports that standards are met?

01:24:17:21 - 01:24:20:21
And maybe a point of clarification,

01:24:20:24 - 01:24:24:11
would this be specific to these contracts
that you hold?

01:24:24:11 - 01:24:28:10
But maybe if we just kind of give a
an overview while we wait for

01:24:28:17 - 01:24:30:08
maybe some clarification on this?

01:24:30:08 - 01:24:33:08
Rick.

01:24:34:11 - 01:24:35:22
Yeah, I'm not exactly sure

01:24:35:22 - 01:24:40:00
what the question is there,
but so there's two different pieces.

01:24:40:08 - 01:24:43:06
The pay for performance

01:24:43:06 - 01:24:46:23
piece and then the enhanced rate piece.

01:24:48:08 - 01:24:52:20
So if a provider
is in a a select or clinically enhanced

01:24:54:00 - 01:24:55:21
tier,

01:24:55:21 - 01:24:58:13
they would when they're billing,

01:24:58:13 - 01:25:01:13
use a using modifier
and that would automatically

01:25:02:04 - 01:25:05:09
flow through the payment system for them
to get that enhanced

01:25:05:09 - 01:25:08:09
to the additional five or 8%

01:25:10:03 - 01:25:11:02
pay for performance.

01:25:11:02 - 01:25:15:10
If that's what you're asking about
is is a separate process where we would

01:25:15:10 - 01:25:20:14
evaluate the
that the what the particular performance

01:25:20:14 - 01:25:25:02
metric is and process
gross adjustments one time payments

01:25:26:06 - 01:25:28:10
specific to that pay for performance

01:25:28:10 - 01:25:31:10
standard. Yes.

01:25:32:01 - 01:25:33:13
Thanks, Rick.

01:25:33:13 - 01:25:37:05
And if that wasn't if that didn't answer
your question, let us know

01:25:38:05 - 01:25:41:05
in the question answer
or if you want to raise your hand.

01:25:41:11 - 01:25:41:23
That works.

01:25:41:23 - 01:25:44:23
Do so.

01:25:45:09 - 01:25:47:19
I'll grab the one about referrals.

01:25:47:19 - 01:25:52:15
So the question was, will providers
be penalized if a referral comes to them

01:25:52:15 - 01:25:56:05
and they have no current vacancies
but wants to support them?

01:25:56:05 - 01:26:00:01
But knowing it takes time to find purchase
license homes that may fall outside

01:26:00:01 - 01:26:03:04
of the set of timelines
for acceptance and service initiation.

01:26:03:22 - 01:26:05:07
So This is

01:26:06:15 - 01:26:09:08
this is a question
that providers have asked quite a bit.

01:26:09:08 - 01:26:11:02
And, you know,

01:26:11:02 - 01:26:15:04
part of what we have tried to do
with all of the measures

01:26:15:04 - 01:26:17:10
and the way that they're designed
and the way they're designed to work

01:26:17:10 - 01:26:21:16
together is we absolutely
never want to disincentivize providers

01:26:21:16 - 01:26:24:16
from taking people
that are really challenging to support

01:26:25:00 - 01:26:28:08

that would be defeating the purpose
of what we're trying to do here

01:26:28:08 - 01:26:31:18
so providers will not be penalized.

01:26:31:18 - 01:26:35:11
All these are reporting measures
at this phase.

01:26:35:11 - 01:26:37:16
That's it. They are reporting measures.

01:26:37:16 - 01:26:42:07
The onus is on the Commonwealth,
it's on ODP with the federal government

01:26:42:07 - 01:26:45:07
that when we look at all residential

01:26:47:23 - 01:26:48:10
times

01:26:48:10 - 01:26:51:16
from referral acceptance
to service initiation,

01:26:52:00 - 01:26:57:15
that across the entire Commonwealth
we are hitting that 90 day on average

01:26:57:21 - 01:27:01:09
that we're hitting 180 days
for supportive living and life sharing.

01:27:01:18 - 01:27:03:01
So we're not

01:27:04:00 - 01:27:04:19
this will not

01:27:04:19 - 01:27:07:24
penalize providers
in any way, shape or form

01:27:07:24 - 01:27:11:11

if we're struggling to meet those time
frames that's on the Commonwealth.

01:27:11:11 - 01:27:14:20
And that's where I think we're going
to have to look at do we need an RFA

01:27:15:10 - 01:27:18:15
or are these were these unrealistic goals?

01:27:18:15 - 01:27:20:18
What else do we need to do to meet that?

01:27:20:18 - 01:27:25:09
But this this won't come
to an individual provider.

01:27:25:09 - 01:27:29:11
So this first cycle,

01:27:29:11 - 01:27:32:13
at least first contract cycle,
probably more.

01:27:33:00 - 01:27:37:10
We are going to you can see
all providers will be reporting data

01:27:37:10 - 01:27:40:18
to us on the referrals

01:27:40:18 - 01:27:43:18
and then the what
what they did with that referral,

01:27:43:18 - 01:27:47:22
if they accepted it,
if they did not accept it, why not?

01:27:47:22 - 01:27:50:05
Was this because you didn't have vacancy?

01:27:50:05 - 01:27:51:14
Because you don't have the staffing?

01:27:51:14 - 01:27:54:24

It wasn't a good match for your agency,
whatever it was.

01:27:54:24 - 01:27:58:22
Tell us why you can't do it so that
we have better visibility into that.

01:27:59:06 - 01:28:03:14
And then also tracking that time frame
so that we can see

01:28:04:06 - 01:28:08:05
where we have providers
that are performing at a higher level

01:28:08:10 - 01:28:11:07
and then we can have some discussion
about why

01:28:11:07 - 01:28:15:01
we're where it is working
well to get people in the service quickly.

01:28:15:13 - 01:28:18:21
What are what are all of the ingredients
that make that happen

01:28:18:21 - 01:28:22:12
and where we're really struggling,
where the ingredients at this point

01:28:22:12 - 01:28:27:10
in the performance based contracting,
this will not be on individual providers.

01:28:27:10 - 01:28:29:06
We certainly hope that the visibility

01:28:31:23 - 01:28:32:22
means that we

01:28:32:22 - 01:28:36:09
are turning these things over
a little more quickly in the system,

01:28:36:18 - 01:28:40:09

but this is definitely more at a systems
level concern.

01:28:40:09 - 01:28:43:06
And one those areas
where we need to be learning

01:28:43:06 - 01:28:47:13
from the information that we're gathering
and certainly hopeful

01:28:47:13 - 01:28:50:17
that the visibility into it
changes practice.

01:28:52:06 - 01:28:55:23
Yeah, and I think it also goes back
to, you know, one of the drivers

01:28:55:23 - 01:28:59:12
behind performance based contracting
and that is building capacity.

01:29:00:02 - 01:29:03:18
So we're we're kind of, you know,
we're infusing more funds into the system.

01:29:03:18 - 01:29:06:18
We're expecting providers to be able to

01:29:06:21 - 01:29:10:05
grow and have capacity
to accept referrals there.

01:29:10:05 - 01:29:13:11
So some of it
while, yes, at a system level,

01:29:13:11 - 01:29:17:00
but it's also on the provider
to realize that that's the direction

01:29:17:00 - 01:29:19:03
we're headed
and that's what we're looking for.

01:29:21:13 - 01:29:23:20
And a referral and discharge

01:29:23:20 - 01:29:27:19
has also it's not been one of those things
during public comment that I think

01:29:27:19 - 01:29:31:09
has gotten a lot of like contentious
sort of attention.

01:29:32:02 - 01:29:37:00
It's just sort of been something
that people I think are asking for.

01:29:37:06 - 01:29:40:06
We need better tools to be able to do this
and we bring

01:29:40:21 - 01:29:45:21
and so we we will have the ability in ECM

01:29:46:18 - 01:29:52:06
to have additional visibility
into the entire process.

01:29:52:12 - 01:29:57:19
So from the moment of supports,
coordination, making referrals

01:29:57:19 - 01:30:02:08
to providers, we will be able to see
like timestamped activity

01:30:02:09 - 01:30:06:22
from one of referral providers
being able providers opening those.

01:30:06:22 - 01:30:09:01
Right. We know that they've gotten them.

01:30:09:01 - 01:30:11:08
What we hear from supports, coordination

01:30:11:08 - 01:30:14:08
and you all are

in the thick of this as well.

01:30:14:20 - 01:30:18:20
You know, they go to the residential
providers and they go into the void.

01:30:18:21 - 01:30:20:10
We don't know, did they get them?

01:30:20:10 - 01:30:22:13
Are they ever going to respond to them?
Is it a yes?

01:30:22:13 - 01:30:23:19
Is it a no?

01:30:23:19 - 01:30:26:22
You know,
there's very little communication.

01:30:26:23 - 01:30:28:07
Oftentimes.

01:30:28:07 - 01:30:32:15
And then we'll also build
sort of the provider ability to respond

01:30:33:14 - 01:30:35:00
and either

01:30:35:00 - 01:30:39:12
request additional information
about that individual, ask questions,

01:30:39:21 - 01:30:42:21
will be able to kind of see that

01:30:42:23 - 01:30:45:03
transpire in real time

01:30:45:03 - 01:30:47:11
and ultimately be able to see

01:30:47:11 - 01:30:51:16
then, yeah, this provider
accepted a referral and we can see that

01:30:51:16 - 01:30:57:07
service provision started before that
90 day mark or after that 90 day mark.

01:30:57:07 - 01:30:59:15
But why it had to start after that
90 day mark?

01:30:59:15 - 01:31:04:06
But we know that the tools
to be able to do this are also critical

01:31:04:19 - 01:31:07:19
and where we're building those in ECM.

01:31:09:09 - 01:31:11:23
and I'm going to

01:31:11:23 - 01:31:15:02
take a question
and I unfortunately have to drop off here.

01:31:15:12 - 01:31:18:04
So there's a question
while waiting for appropriate placement.

01:31:18:04 - 01:31:19:17
Can needs group four

01:31:19:17 - 01:31:23:20
or five individuals be referred
to respite primary providers if need be?

01:31:23:20 - 01:31:25:09
100%?

01:31:25:09 - 01:31:28:05
So respite, even

01:31:28:05 - 01:31:31:18
respite in a licensed
6400 does not fall under.

01:31:31:18 - 01:31:35:12
First of all, it is not subject to

any of this performance based contracting.

01:31:35:20 - 01:31:38:20
This does not apply to respite care.

01:31:39:07 - 01:31:43:05
But second of all, absolutely,
we know we're going to need the

01:31:43:06 - 01:31:47:10
the the largest pool of providers
is going to be the primary group

01:31:47:10 - 01:31:48:22
of providers at this stage.

01:31:48:22 - 01:31:54:02
And we are still, as a system,
going to be very heavily reliant on them.

01:31:54:02 - 01:31:55:12
And they should absolutely.

01:31:55:12 - 01:31:59:03
If you've got a provider
that can do the respite, but then as long as

01:31:59:03 - 01:32:03:08
they can meet the needs,
there is literally no no prohibition.

01:32:03:08 - 01:32:05:20
There is nothing different
than than there was before.

01:32:07:12 - 01:32:08:21
All right.

01:32:08:21 - 01:32:09:22
Thank you all. This is great.

01:32:09:22 - 01:32:11:11
Really great dialog.

01:32:11:11 - 01:32:14:12
Really appreciate the questions

and back and forth here

01:32:16:09 - 01:32:19:01
in person.

01:32:19:01 - 01:32:20:07
All right.

01:32:20:07 - 01:32:23:16
So we've got another question
going back to the base question.

01:32:23:16 - 01:32:25:04
When we have an emergency situation

01:32:25:04 - 01:32:29:01
and the individual is high intensity
but does not have assists,

01:32:29:20 - 01:32:34:03
will we only be allowing the SCO
to refer to clinically enhance providers

01:32:34:12 - 01:32:36:19
If a referral is made
to a primary provider

01:32:36:19 - 01:32:39:19
and they are accepted,
will that be problematic.

01:32:39:23 - 01:32:43:17
So this is I think, a place where,
you know, just planning

01:32:43:17 - 01:32:49:09
and your experience doing
this work is going to be critical.

01:32:49:09 - 01:32:52:24
So if you're using base funding for folks

01:32:53:17 - 01:32:56:17
and you intend to use base
funding for that person

01:32:57:19 - 01:32:59:18
moving forward,

01:32:59:18 - 01:33:04:11
then you know, regardless
of that needs group assignment,

01:33:05:14 - 01:33:07:09
that's that's totally fine.

01:33:07:09 - 01:33:09:07
Right. However, Right.

01:33:09:07 - 01:33:12:07
I think what you're driving at
is an important point.

01:33:12:18 - 01:33:16:07
I think we all have been
in those situations where

01:33:16:20 - 01:33:19:20
we've had emergency use and

01:33:20:02 - 01:33:23:05
the providers that are sort
of raising their hands or providers

01:33:23:05 - 01:33:26:08
who might not have the the appropriate

01:33:26:08 - 01:33:30:02
clinical skills and background
to be able to support that person.

01:33:30:02 - 01:33:34:13
And so having those conversations
with supports, coordination about

01:33:35:03 - 01:33:37:13
where referrals are being made to

01:33:37:13 - 01:33:40:13
based that individual
and what you know about them.

01:33:40:22 - 01:33:43:22
And the other thing is
you kind of allude to it in the question

01:33:44:03 - 01:33:48:24
we auto assign a needs group 4 to folks

01:33:48:24 - 01:33:53:02
who don't have a SIS,
but it's an emergent situation.

01:33:53:02 - 01:33:56:04
We don't have any appropriate respondents
to get that SIS done.

01:33:56:12 - 01:33:58:00
And then there's that period of time

01:33:58:00 - 01:34:02:09
where someone has that needs group
4, hasn't had the SIS assessment.

01:34:02:09 - 01:34:05:11
And so we're not sure where that's going
to kind of shake out for them.

01:34:06:11 - 01:34:10:08
But then in
which case if they're going into a waiver

01:34:10:08 - 01:34:13:08
setting and provided that,

01:34:14:05 - 01:34:16:10
let's kind of put this hypothetical

01:34:16:10 - 01:34:21:04
place of people with our needs, Group
four and five need to be referred

01:34:21:04 - 01:34:24:15
to select and clinically enhanced,
that would apply, right?

01:34:24:15 - 01:34:27:15
Like we know that

this is going to be a high needs person

01:34:28:09 - 01:34:31:09
and we're going to be looking for
those folks to be supported

01:34:31:09 - 01:34:34:09
by residential providers who

01:34:35:04 - 01:34:37:20
have have the right sets
to be able to do that.

01:34:37:20 - 01:34:42:04
But again, if you're looking
at those folks or meeting base funded

01:34:43:09 - 01:34:47:17
for quite a while,
then there's there's not going to be

01:34:47:17 - 01:34:50:17
the sort of limitation on

01:34:50:17 - 01:34:53:17
where they're getting referred

01:34:54:23 - 01:34:58:01
So again, a question on is,
is there an update on ECM

01:34:58:17 - 01:35:01:02
and when when is it starting?

01:35:01:02 - 01:35:04:04
When will we have ECM in our hot little hands?

01:35:04:05 - 01:35:09:01
So we are still on target to have ECM,

01:35:10:02 - 01:35:10:21
the home and community

01:35:10:21 - 01:35:14:19
based service system at the end of 2025.

01:35:14:19 - 01:35:19:06
So it's looking like December
2025 was when we would have

01:35:19:06 - 01:35:22:09
some really functionality available to us.

01:35:23:03 - 01:35:28:00
So all of our mission critical components,
things that absolutely have to be there

01:35:28:14 - 01:35:31:22
in the system,
we should have available to us

01:35:31:22 - 01:35:34:22
in December of 2025.

01:35:35:15 - 01:35:38:20
So I know
that still feels like a long way away.

01:35:38:20 - 01:35:41:20
But what

01:35:42:02 - 01:35:44:21
it'll be here
before we know it, without a doubt.

01:35:44:21 - 01:35:47:05
So we are still

01:35:47:05 - 01:35:50:23
we're still in the phases
of sort of discovering,

01:35:51:05 - 01:35:54:19
which means we're working with the vendors

01:35:55:00 - 01:35:58:00
who are designing the entire system

01:35:58:12 - 01:36:00:23
and kind of explaining to them

01:36:00:23 - 01:36:03:03

We need

01:36:03:03 - 01:36:05:21
each sort of interface

01:36:05:21 - 01:36:08:21
to do so, whether it's the

01:36:08:22 - 01:36:12:01
A built, the ISP, what the ISP needs

01:36:12:01 - 01:36:16:00
to look like and feel like
and how it needs to work. PUNS.

01:36:16:12 - 01:36:20:01
We just got some mock ups for PUNS
and I think are submitting our approval

01:36:20:01 - 01:36:23:01
for what those screens look like.

01:36:23:03 - 01:36:26:03
I think what I can say about ECM

01:36:26:03 - 01:36:29:12
is what we've seen
so far in terms of mock ups

01:36:30:18 - 01:36:33:10
are we're pretty excited about.

01:36:33:10 - 01:36:37:13
It's definitely going to be a system
that brings us closer

01:36:37:13 - 01:36:41:20
to the current technology
that we know is out there and available

01:36:42:24 - 01:36:44:16
in other spaces.

01:36:44:16 - 01:36:47:05
Definitely
going to be a significant improvement on,

01:36:47:05 - 01:36:51:03
I think, what
people are used to with HCSIS right now.

01:36:52:00 - 01:36:54:11
But our our Go Live is still slated

01:36:54:11 - 01:36:57:11
for December of 2025.

01:36:59:04 - 01:37:01:05
And if there's any other

01:37:01:05 - 01:37:03:19
questions, feel free.

01:37:03:19 - 01:37:06:19
I know it all sort of relates
a little bit.

01:37:08:23 - 01:37:09:13
Good question.

01:37:09:13 - 01:37:14:04
So we've had a handful of individuals
recently whose needs group

01:37:14:13 - 01:37:18:07
has decreased from four
or five to maybe two or three

01:37:18:19 - 01:37:22:05
when the needs group score
changes to lower than a four.

01:37:22:20 - 01:37:24:13
Are those folks going to go

01:37:24:13 - 01:37:28:09
going to need to be referred
to, let's say, a primary provider?

01:37:28:18 - 01:37:32:17
I definitely know we're not looking
for anyone to have to move

01:37:33:17 - 01:37:35:16
regardless of those needs.

01:37:35:16 - 01:37:36:24
Group changes.

01:37:36:24 - 01:37:41:04
So even if this happens in the opposite
direction, let's say a primary provider

01:37:42:02 - 01:37:45:21
starts supporting
somebody who has needs Group three

01:37:46:10 - 01:37:49:18
and then they have their SIS reassessment,
they've had

01:37:50:01 - 01:37:53:04
maybe some significant life changes
or medical complications,

01:37:54:10 - 01:37:56:03
any of that.

01:37:56:03 - 01:37:59:19
And let's say
now they're a needs group four or five

01:38:01:05 - 01:38:05:00
and they're living
with a primary residential provider.

01:38:05:05 - 01:38:07:20
We're not going to have those people move.

01:38:07:20 - 01:38:11:08
There's
no reason to disrupt someone's service

01:38:11:08 - 01:38:16:02
and someone's life and home
that they're in for for these reasons.

01:38:16:02 - 01:38:20:14

So as long as all is going well
and that primary provider

01:38:20:14 - 01:38:25:07
is able to continue to meet the needs,
the changing needs of that individual,

01:38:26:08 - 01:38:30:03
and they're feeling good about it
and the team is feeling good about it,

01:38:30:22 - 01:38:32:08
there would be no reason.

01:38:32:08 - 01:38:35:03
So regardless of
the direction of the movement

01:38:36:02 - 01:38:36:11
needs

01:38:36:11 - 01:38:39:11
group, we're not
going to be looking for people to move.

01:38:39:11 - 01:38:42:11
But good question.

01:38:46:04 - 01:38:49:04
Right.

01:38:49:09 - 01:38:56:06
Not seeing anything else in the question pane apparently,

01:38:56:14 - 01:38:58:19
Any hands raised Karen?

01:38:58:19 - 01:39:00:12
No, no hands raised.

01:39:00:12 - 01:39:01:21
We do have one last slide.

01:39:01:21 - 01:39:03:16
I don't know if you want to talk to doing.

01:39:03:16 - 01:39:06:06
we do. You're right. Thank you.

01:39:06:06 - 01:39:09:07
This is just a couple of resources
for folks to use.

01:39:09:07 - 01:39:14:02
So we've got the proposed fee schedule
linked here if you haven't seen it

01:39:14:20 - 01:39:17:07
and the implementation

01:39:17:07 - 01:39:20:07
plan, there's a direct link for folks.

01:39:20:14 - 01:39:22:15
If you haven't already

01:39:22:15 - 01:39:25:18
taken the opportunity
to read these documents

01:39:26:14 - 01:39:29:14
kind of see what those fee schedules
are looking like

01:39:29:19 - 01:39:33:14
and the implementation plan,
there's an appendix in the implementation

01:39:33:14 - 01:39:39:04
plan that also has all of the performance
standards and performance measures,

01:39:40:17 - 01:39:41:03
the other

01:39:41:03 - 01:39:44:10
resources that also might be helpful
if you haven't seen them.

01:39:45:01 - 01:39:46:13
We do

01:39:46:13 - 01:39:49:13
a provider preparedness toolkit,

01:39:49:17 - 01:39:52:17
the toolkit probably the most useful

01:39:54:01 - 01:39:59:03
document in the toolkit for AE staff
would be the self-assessment.

01:39:59:09 - 01:40:02:21
If you're familiar with the QA&I tool

01:40:03:22 - 01:40:06:16
kind of has a similar look and feel.

01:40:06:16 - 01:40:10:13
It was put together
to try and support providers

01:40:11:03 - 01:40:14:14
to do a self-assessment and kind of run

01:40:14:14 - 01:40:18:09
through each of those performance measures
and determine whether or not

01:40:18:09 - 01:40:21:12
they are currently set up
or have the infrastructure

01:40:22:00 - 01:40:25:03
to be able to meet some of the
all of the performance measures

01:40:26:01 - 01:40:30:06
based on those the suggested tiers.

01:40:31:01 - 01:40:34:02
So there are a couple of resources out
here, and I thought these would be

01:40:34:20 - 01:40:38:01
probably the most useful
for you to take a look at

01:40:38:18 - 01:40:42:13
what if you have any trouble
finding any of the performance based

01:40:42:19 - 01:40:45:24
contracting resources,
just give us a shout.

01:40:46:15 - 01:40:52:17
We'll be able to send them directly
or link you to them on the DHS website.

01:40:52:17 - 01:40:55:06
We will have I think we're in the
process of putting together

01:40:56:08 - 01:40:58:24
a performance based contracting

01:40:58:24 - 01:41:04:12
resource page or landing page on my OTP
so that folks don't have to click

01:41:04:12 - 01:41:09:13
through multiple different dropdowns,
try to find what section it's in.

01:41:09:13 - 01:41:11:23
It should be under it.

01:41:11:23 - 01:41:15:16
I forget if it's resources,
but there will be a performance

01:41:15:16 - 01:41:20:02
based contracting section for folks
to just go right into,

01:41:20:14 - 01:41:24:08
and that's where they'll also be able
to find all of recorded

01:41:24:08 - 01:41:27:10
content
related to performance based contracting.

01:41:27:10 - 01:41:32:23
So the overview webinars, the first three
summits that we've done this summit

01:41:33:15 - 01:41:37:05
and next Thursday,
we have the last provider summit

01:41:37:05 - 01:41:41:05
and then we will also have
an SCO specific session

01:41:42:23 - 01:41:45:03
at the end of June.

01:41:45:03 - 01:41:47:07
So that will be forthcoming as well.

01:41:47:07 - 01:41:52:15
I learned that that site is in the chat,
so that is set up currently.

01:41:52:20 - 01:41:53:08
Thank you.

01:42:02:20 - 01:42:03:10
All right.

01:42:03:10 - 01:42:05:11
Well, if there's no more questions.

01:42:05:11 - 01:42:06:15
Okay, here we go.

01:42:06:15 - 01:42:09:15
One more question,
maybe not one more, but I.

01:42:09:19 - 01:42:12:12
Has there been any notable public comment

01:42:12:12 - 01:42:16:08
from individuals and families
regarding performance based contracting?

01:42:16:21 - 01:42:17:22

Yeah, great questions.

01:42:17:22 - 01:42:19:00
I'm glad you asked.

01:42:19:00 - 01:42:24:21
So we really the individual
and family sessions

01:42:25:08 - 01:42:28:08
were overwhelmingly positive.

01:42:28:20 - 01:42:30:14
They absolutely understand

01:42:30:14 - 01:42:33:24
that there is a need for systems change.

01:42:35:08 - 01:42:38:24
They really were interested in.

01:42:40:15 - 01:42:42:03
We have a lot of measures, right,

01:42:42:03 - 01:42:45:03
that are attestation and reporting.

01:42:45:08 - 01:42:48:08
And they were
they were very much interested in

01:42:49:06 - 01:42:53:07
why don't we set a threshold,
you know, for for some of these things.

01:42:53:07 - 01:42:57:12
And so, you know, having the same kind
of conversation that we need to get this

01:42:57:12 - 01:43:02:10
right at outset, we need to kind of set
a lot of these measures

01:43:03:04 - 01:43:06:15
at a place that will be achievable
and realistic for providers.

01:43:07:06 - 01:43:10:01
And over time we will have the opportunity to

01:43:11:08 - 01:43:14:00
change, measure measures or

01:43:14:00 - 01:43:17:16
elevate the expectation
for good performance over time.

01:43:18:10 - 01:43:21:17
But really the response from individuals
and families

01:43:22:06 - 01:43:24:24
was was really positive
and very supportive.

01:43:24:24 - 01:43:26:22
So we were pleased with that.

01:43:26:22 - 01:43:29:22
And in general,
that's really been the same

01:43:30:19 - 01:43:33:01
for provider agencies.

01:43:33:01 - 01:43:36:24
They understand too,
that we need to do better.

01:43:37:11 - 01:43:40:11
It comes to elevating the quality.

01:43:40:13 - 01:43:43:20
There's of course,
always going to be concerns.

01:43:43:20 - 01:43:46:24
Right now, I think the concern is coming
from a place of

01:43:46:24 - 01:43:49:24
we want to be able to do this,

we want to do it well.

01:43:50:02 - 01:43:53:02
We want to be selective,
clinically enhanced.

01:43:53:15 - 01:43:55:05
And and that's great.

01:43:55:05 - 01:43:56:16
That's appreciated.

01:43:56:16 - 01:44:00:24
One the other things
that we've been saying, you know, as often

01:44:00:24 - 01:44:03:24
as we can is, you know, being

01:44:03:24 - 01:44:06:24
a primary provider is not a bad thing.

01:44:07:11 - 01:44:10:16
There's nothing inherently bad
about being a primary provider.

01:44:10:23 - 01:44:15:06
We very intentionally called,
you know, like when we were coming up

01:44:15:06 - 01:44:18:19
with that names for provider tiers,

01:44:19:16 - 01:44:24:05
our primary providers are called primary
providers because they're our primary pool

01:44:24:19 - 01:44:29:07
of what we anticipate
that the available providers to be.

01:44:30:04 - 01:44:32:14
And so those primary providers,

01:44:32:14 - 01:44:36:05
they continue to get fee schedule

01:44:38:13 - 01:44:39:22
as it is

01:44:39:22 - 01:44:43:00
written, and they will also

01:44:43:15 - 01:44:47:06
have exclusive opportunities
for pay for performance,

01:44:47:17 - 01:44:50:17
whereas selected, clinically enhanced

01:44:50:17 - 01:44:54:13
would not be eligible for some of our pay
for performance incentives

01:44:55:06 - 01:44:59:23
because we want to make sure that we're
supporting those primary providers who

01:45:00:15 - 01:45:03:24
maybe they're not huge organizations,
maybe they don't have

01:45:04:15 - 01:45:05:03
tons of sort

01:45:05:03 - 01:45:09:10
of administrative infrastructure
to get some of the stuff off the ground.

01:45:09:10 - 01:45:12:19
They need a little bit of infusion
at the outset

01:45:13:00 - 01:45:14:08
so that they can do a good job.

01:45:14:08 - 01:45:17:08
When it comes to DSP credentialing,

01:45:17:08 - 01:45:20:20
starting to bring in our online

01:45:21:05 - 01:45:24:03
that that alone could be

01:45:24:03 - 01:45:27:01
and will be a significant investment
for some of these providers.

01:45:27:01 - 01:45:29:23
And so there are opportunities

01:45:29:23 - 01:45:33:10
for primary providers
that the other providers will not have.

01:45:33:19 - 01:45:38:02
And so really want to continue
to reinforce that messaging.

01:45:38:02 - 01:45:41:20
So as you are having conversations
with residential providers

01:45:42:12 - 01:45:46:03
about the implementation of performance
based contracting,

01:45:46:10 - 01:45:50:22
really, really encourage you guys
to kind of share that same message.

01:45:51:10 - 01:45:56:15
There's absolutely nothing bad
about the primary provider and you're

01:45:56:15 - 01:46:02:00
hitting all of your sort of otherwise
standard compliance measures and a couple

01:46:03:02 - 01:46:05:09
additional standards

01:46:05:09 - 01:46:07:07
that are a little bit

01:46:07:07 - 01:46:10:07
higher than PQ standards

and that sort of thing.

01:46:11:05 - 01:46:16:03
But really, any help
that you can offer in terms of making sure

01:46:16:03 - 01:46:19:03
that that message is helpful
and appreciated,

01:46:28:22 - 01:46:31:22
I don't see any hands raised

01:46:33:08 - 01:46:36:08
and no additional questions

01:46:37:15 - 01:46:39:00
by confirm what you're seeing.

01:46:39:00 - 01:46:41:15
Ma'am.

01:46:41:15 - 01:46:44:15
Well,
I imagine that most folks won't be mad

01:46:45:06 - 01:46:51:19
if they get out a couple of minutes
early on a Friday in June, so

01:46:53:15 - 01:46:55:18
appreciate
everybody's time this afternoon.

01:46:55:18 - 01:46:57:19
Thank you for being here.

01:46:57:19 - 01:47:01:00
If you had staff that couldn't
join us today, please

01:47:01:00 - 01:47:04:00
let them know that we will be posting

01:47:04:24 - 01:47:08:22
this session and a transcript

so that there is a document

01:47:08:22 - 01:47:12:09
that is searchable through things
that if that makes it

01:47:12:09 - 01:47:15:09
a little bit easier for folks
to find things that they're interested in.

01:47:16:11 - 01:47:16:23
But again,

01:47:16:23 - 01:47:20:07
thank you for your time this afternoon
and have a safe weekend.

01:47:20:17 - 01:47:21:08
Thanks, everybody.