**Central Wisconsin Health Partnership**

**Comprehensive Community Services Regional Coordinating Committee**

**Training and Quality Improvement Committees**

**Wednesday, March 27th, 2019**

**Present:** Jan McDonough (Waupaca), Diane Cable (Adams), Danielle Moore (Juneau), and Lori Martin (White Pine – regional coordination)

1. **Training**
2. Feedback on 3 workshops that occurred since our Jan meeting
	* Evaluation summaries were sent to committee members for review related to: Service Facilitation skills for high powered teaming (Greg Erickson and Clara Voightlander on January 24), Hoarding 101 (Lisa Anderson) on February 13th, and Sparks for Consumers (Jonathan Cloud) on March 8th.
	* Suggestion to consider a follow-up to the Hoarding 101 workshop in the future that focuses on techniques / plan interventions that a service facilitator could incorporate when working with an individual for whom hoarding is an issue.
	* Great feedback from Sparks workshop for consumers. Evaluations reflected participants appreciated the opportunity to consider their strengths and how to use them.
3. April 12th – Provider Orientation, and Service Facilitator Essentials
	* Per request from Waupaca County, there will be two workshops facilitated by Lori on Friday, April 12th at FVTC – Waupaca Regional Center. 8:30 – noon: Provider Orientation, and 12:30 to 4:00 Service Facilitator Essentials. Both are open to staff and providers in the region.

As of 11:00 yesterday, only 2 people registered for the Service Facilitation workshop, and 9 for the provider orientation. Please encourage providers and facilitators to register by next Thursday, April 4th. For more information, please visit the ongoing training page of the CWHP website.

* + Both workshops will be repeated on May 13th at the Adams County Community Center. More information will be provided within the next couple of weeks.
1. Planning for future workshops
	* Agreement to confirm Jessica Beauchamp to present on DBT skills for CCS service providers on May 8th in Green Lake.
	* Discussed including workshops / training opportunities for consumers.
		+ - Diane shared that she met with an individual who works with Seasons Counseling who is a Love and Logic trainer. There is a 6-hour course for parents. Group discussed possibility of a region-sponsored workshop for consumers. Diane will share additional information with Lori for consideration.
			- Lori will follow-up with Jonathan Cloud regarding availability to facilitate a “Sparks for Youth” workshop at the youth camp being sponsored by Adams County from June 10th and Aug 19th.
	* Discussed self-care or secondary trauma as a potential workshop topic. The consensus was to hold off for now, given the amount of information and training staff have already had on these topics. Consider again next year.
		+ Also discussed Child Sex Trafficking as a topic: what is it, addressing misperceptions, signs and risk factors, working with survivors, prevalence in Wisconsin. Jan heard an excellent speaker on the topic – Brenda Myers-Powell. There is also a staff person at Waupaca DHHS with knowledge and experience on the topic (Alaina). Lori will follow-up with Jan.
		+ Lori made preliminary contact with Dr. David Mays; he is willing to facilitate a workshop related to working with individuals with personality disorders.

Cost approximately $2,700 ($2,500 plus mileage). This is approximately twice what is normally budgeted for a regional workshop. Committee is supportive of this, even if it means the region hosts one less workshop during the year.

Group suggests he briefly go over specific disorders and signs (especially borderline personality disorder); and then move into considerations for working with individuals with personality disorders, including managing boundaries.

Juneau County expressed interest in hosting – they are on the training schedule for November 13th. Adams County on July 10th would also be a possibility. Lori will check with Dr. Mayes to see if either of these dates work for him. Finding an alternative date is also a possibility.

* + - Scott Caldwell – Skills used in Motivational Interviewing. Cost – free! Because MI is an EBP that takes agency-wide commitment and extensive training, coaching, and attention to quality measures, Scott would prefer not calling the workshop “MI”, rather focus on skills associated with MI such as accurate empathy and reflective listening. Scott would require pre-workshop self-study, and follow-up by managers/supervisors. Recommends a full day.

The group agrees this would be a worthwhile workshop to pursue. Lori will follow-up with Scott.

1. Training videos *(not covered during meeting)*
	* The Provider Orientation video has been updated
	* 3 slides were added related to ethics and boundaries, emphasizing “dual relationship”
	* Site contact information has been taken out of the video and replaced with a downloadable contact list that can be updated as needed.
	* The video’s PowerPoint slides can now also be downloaded
	* Next video was planned to be related to the service array; now on hold, as there is a session at the CCS statewide meeting on April 16th on the topic. Lori has begun working on quality progress notes using TARP.
2. **Quality Improvement**
3. Recording service/travel/documentation time on progress notes
* La Crosse County previously utilized a process similar to what is currently on our regional TARP note template for documenting time in minutes. As a result of a Department of Labor PERM audit, they have changed their process to having providers record actual start and end times for service, travel, and documentation.

Lori followed up with Emily McGonigle, CCS Service Director with La Crosse County for more information. Emily shared the Medicaid reference, “documentation should include the specific service provided and the *specific time period*…”

Group discussed. Lori shared a draft updated version of the regional TARP progress note that includes space for recording start and end times for the committee to review.

Suggestion to get more information. Jan suggested Lori check with Brenda Rice, Waupaca County’s CCS QA/contracting/billing specialist who has extensive experience with Medicaid including MA audits. Lori will follow-up.

UPDATE SINCE MEETING: based on research and conversations with colleagues, the interpretation of the DOL PERM auditor that “specific time period” refers to a specific time of day, or start and end time, isn’t widely shared. Requiring providers to record actual minutes for service delivery, travel time, and documentation time, seems to be common practice.

Some sites may choose to ask for start and end times for QA purposes. For example, Waupaca County requires providers to include a start time and end time for service delivery, but not for travel or documentation time. There are reasons why asking for start and end time for travel or documentation may not be practical; for example, a provider may provide a service on one day (e.g. 4:00 – 5:00 pm on a Friday), and document that service on another (7:00 – 7:15 am on Saturday).

1. Proposed updates to regional Assessment, Assessment Summary, and Recovery Plan
	* Please see Attachment A: “Updates to Regional Assessment, Assessment Summary, and Recovery Planning Forms” for specific updates. Group suggested Lori send the forms to Program Coordinators for review and piloting.
	* Suggestion to add signature lines and dates to the assessment form (they currently appear only on the Assessment Summary form)
2. CCS and substance use treatment
	* A February DQA site survey in Juneau focused partially on the overlap of CCS and Substance Use Counseling
	* Lori will forward the survey findings summary to the group.
	* Specific questions were submitted to both Langeston and Danielle, and Hannah Whaley (QA Specialist with DQA). DHS and DQA will be meeting on April 18th, after which we may expect responses. Specific issues/questions:
		+ Is true that only a person working in a DHS 75.13 certified clinic can provide services related to service array #13: Substance Abuse Treatment?
		+ When an individual in CCS is involved in substance use treatment, DHS 73.13 protocols need to be followed. Does this mean the clinical supervisor and physician need to sign on the CCS Assessment, Assessment Summary, and Recovery Plan?
3. Reimbursement for supervision time
* Summary of information from ForwardHealth: Supervision is considered a “direct cost” to the CCS program. The only 3 direct costs that can be reimbursed on an interim basis are: direct service, travel, and documentation.
* Recommendations to this point:
	+ both the supervisor and supervisee should track their time under a non-billable code, the cost of which can be considered a direct cost during the annual reconciliation process.
	+ If supervision is specific to a CCS consumer, a note should be entered in the consumer’s file.
* Discussion regarding service facilitators
	+ can supervision time specific to a consumer be considered part of the “service facilitation” service on the service array and billed on an interim basis?
	+ Since ForwardHealth lists supervision separate from direct service provision as a direct cost, the least risky method of capturing the cost is to recoup it during the reconciliation process.
	+ The group would like to know from an MA perspective whether counties can bill a service facilitator’s time for consumer-specific supervision on an interim basis. Lori will follow-up.

UPDATE SINCE MEETING:

Lori reached out to Dane County regarding their policy. They do not allow any providers (including service facilitators) to bill for supervision on interim claims. Their interpretation is that based on the service array, supervision cannot be considered under “service time” for claims.

Lori also submitted the question to Dan Kiernan, Benefits Policy Analyst with the Division of Healthcare Access and Accountability, and received a request for clarifying information from Daniel Yang, Behavioral Health Policy Analyst with the Division of Medicaid Services. Lori will share information as it becomes available.

1. Highlights from S/SE Regional CCS Meeting *(not covered during meeting)*
	* DQA updates
		+ Cindy O’Connell (took over Mark’s position as section chief) and Hannah Whaley (used to be an auditor, is now a QA specialist) gave updates.
		+ Broad message was they are making efforts to improve consistency and efficiency across programs. Biggest challenge continues to be staffing issues. Now have 7 surveyors with another hire in progress, but are short on office/support staff.
		+ Working to better collaborate with DCTS and DMS on answering questions
	* Applied Behavioral Analysis (ABA) Service and CCS
		+ There was an autistic spectrum / developmental disabilities training in late February/early March where the speaker stated that a child could receive the ABA service while also being served by CCS.
		+ Dan Kiernan, DHS MA policy analyst, confirmed via email that ForwardHealth does not allow reimbursement of behavioral treatment at the same time as intensive mental health benefits, including CCS.
2. **Other**
	* + 1. Expectations for service facilitators – billable vs non-billable time
				- Juneau County sets 70% billable / 30% non-billable as an expectation for their service facilitators. Danielle tracks this on an ongoing basis, and lets a service facilitator know if they are below 70%.
3. **Future meetings:** Last Wednesday of each odd month, 1:00 – 3:30, Montello

May 29, July 31, Sept 25, Nov 27

**ATTACHMENT A**

**Updates to Regional Assessment, Assessment Summary, and Recovery Planning Forms**

**Updated 4-4-19**

Updates to all:

* User is allowed to press “enter” within a cell and create multiple paragraphs
* Text within the prompt cells was made smaller and lighter in an attempt to be less distracting.  The size and color of the font will change to larger and darker when the cell is typed into.
* Spell Check – I created a “macro” that will allow a user to spell check the text they enter.  Pressing “Alt S” at any time will spell check the entire document.

Additional Update to the Assessment:

* A “Domain Review and Updates” section was added to each domain
* “Assessment Completion Date” added on top of page 1 (also on/required on Assessment Summary)
* Signatures added to end (again, also on/required on Assessment Summary)

Additional Updates to Assessment Summary:

* Combined “Information on which outcomes and service recommendations are based” with “Summary of Consumer Priorities and Measurable Goals”
* Added “No Longer a Goal or Goal Met” Column

Additional Updates to Recovery Plan:

* The “Progress and Needs Update” sections have been redesigned based on staffs’ suggestions
* A “Service Provider Summary” page was added where Service Facilitators can summarize the total number of service hours and travel hours authorized for each provider by Service Array type
* In an attempt to simplify the form, it contains room for only 2 long term goals (3 objectives per goal).  I created a separate document (also attached) that has space for 4 additional long-term goals, thinking that if needed, a Service Facilitator could complete however many additional goals were needed/pertinent.