# CDDO-AFFILIATE

**AGENDA**

**CDDO Mission statement: Empowering all Kansans through choice, rights, responsibilities, quality services and self-advocacy**

## Date: June 20, 2019

**Location: ECKAAA Conference Room 10:00am to Noon**

**Present:**

**Minutes CC to:**  Jeannie Davied, KDADS Licensing; Latonia Wright, PIC staff

**Welcome!** –Amber Vogeler, CDDO Coordinator

**Our United Vision:**  ***To work collaboratively as a team to provide personalized support, focusing on improving quality of life while respecting personal rights and choice in addition to working toward future goals.***

1. **Updates/Reminders/Emergent and State Aid Funding**
2. Taking State Aid Applications
	1. First come, first served
	2. There will be a waiting list based on the number of applications that I have already received
	3. ALL SIGNATURES MUST BE ON THE FORM FOR THE CDDO TO ACCEPT IT. This includes person/guardian, TCM, and the provider of the service. If not, we will ask you to resubmit it and destroy the first request.
	4. State aid is NOT guaranteed. Even if you are able to get all signatures on it and turned into the CDDO, it is not approved. The only way it’s approved is if you get it returned from me with an “Approved” stamp on it, and all the CDDO signatures. There is some serious confusion for third party entities. (FMS)
3. Waiting on KMAP to post the new reimbursement rates to figure out FMS/Day/Res totals.
4. Huge thank you to those providers that helped me with spending our excess money for FY19. We have officially spent everything allotted to ECK area.
5. **Person Centered Support Plans and PCSP updates, Needs Assessments, Risk Assessments:**
6. Please make sure you are adding in someone that is not a provider as the “Next of Kin”.
	1. It is okay to list a provider for emergency contact for typical “emergencies”; however, please make note of who would be contact in case of death of a member. Also, please make sure there is a release of information for this individual as well.
7. Just completed PCSP reviews for 12 individuals.
	1. Emails were sent with this information to the TCM assigned to the member.
	2. These should be viewed as a learning experience, not a negative.
	3. Reviews are done using a checklist that incorporates Article 63 requirements as well as Final Rule information.
		1. There is also information within each PCSP that is done in an effort to improve the quality of the plans (as Quality Enhancement is part of CDDO policy).
			1. This information looks like comment boxes in a pdf format.
	4. If there are any questions on the recent reviews sent, please let Jessica know. If it would be helpful for TCM/providers to have a meeting to discuss the review, Jessica is open to that as well.
	5. There has been some feedback from providers in relation to the QA Checklist that is sent (in relation to some of the checkboxes listed). Jessica has sent emails in an effort to follow up on some of those questions. If there is additional feedback about the checklists, Jessica would be open to hearing it.
8. In doing the PCSP reviews, a few things were noted:
	1. Supports are almost always listed in “BASIS language” rather than in support language.
		1. The supports should never say “total support” or “hands-on assistance” without a description of what that looks like.
			1. Things to assure that are listed should be what supports ARE needed as well as what supports ARE NOT needed.
				1. For example, “staff have to do all steps of laundry for individual but he/she is able to fold the towels” or “staff need to supervise that individual washes their hair completely and gets it rinsed, staff may need to give hands on held to assure this is done properly. Individual is able to wash his/her body independently.”
	2. Please make sure that all Behavior Plans that are written have the correlating information in the Frequency/Severity tracking.
		1. Jessica has come across some that have a description of frequency/severity within the plan but when looking at the F/S tracking, it looks completely different.
	3. Please make sure that F/S tracking ties to the barriers listed within the plan. (For example, there is F/S tracking for emotional outbursts due to MH diagnosis).
	4. Please make sure that F/S tracking is not present just to assure a “Yes” on the BASIS, that it is truly tied to a need for the individual.
		1. Jessica has seen F/S tracking that indicates low severity but high frequency; this could easily be tracked on the BASIS tracking sheet for frequency.
9. Since Heidi has been hired, she is updating our member spreadsheet with a great deal of information. She is AMAZING!!!!
	1. As she is updating some information on the spreadsheet and PCSP reviews have been completed, Jessica will again begin looking at PCSPs that are out of compliance and updating her spreadsheet.
		1. This will begin doing this beginning July 1; if there are currently any out of compliance; TCMs have until July 1 to get them to me.
10. **Quality Assurance Surveys and the Quality Assurance Committee visits report:**
11. There has been a completion of QOL surveys at all BASIS this year.
	1. Majority show no concerns across the board.
	2. Those that have shown concerns, the recommendations made by the team and/or CDDO have been received well for the most part.
	3. As part of the QA position, Jessica will begin doing more on-site reviews as there is a requirement to have visits for 20% of members for the year (which equates out to almost 70 per year).
		1. This may include her being at a day/residential site all day, completing observations as well as talking with staff/members, reviewing Master Files, etc.
12. QA Committee has completed 6 so far this year; there are 20 more scheduled to be completed by 6/28/19 as this will be our next quarterly meeting.
	1. The individuals assigned to each QA Committee member are done at/around the time of the quarterly QA meeting.
		1. These individuals are chosen at random and span all service providers (including FMS).
	2. Please make sure that day/res staff is allowing the QA Committee members to meet with the individuals assigned to them.
		1. QA Committee members have signed a covenant not to disclose so their presence at provider locations is appropriate.
		2. If you have any questions/concerns, please feel free to reach out.
	3. Next meeting is June 28, 2019 at 1pm at ECK CDDO.
13. **BASIS Report:**
14. Amber is piloting BASIS entry.
	1. Basis is now entered directly into KAMIS. This will generate a tier score at the end of BASIS.
	2. Once I hit submit, I am very rarely able to go into the assessment to make changes. So, as a provider you must ensure that everything is at the BASIS
	3. If everything is not there, the 48 hour time line is in place. The BASIS will remain as a ‘work in progress’ until after the 48 hour, or until CDDO receives missing material.
	4. Ask for feedback on how providers feel it’s going.
		1. MCOs have already replied with the fact that they like data entry immediately. It really helps on those BASIS that are conducted at the end of the months.
15. There are a number of individuals who have behaviors noted every day across every area. If documentation reflects this (or anything similar), this will be a trigger for Jessica to complete a more in-depth review of the PCSP/Behavior Plan/Restrictive Plan.
	1. This in-depth review will be completed as a PCSP review (using the same form as the ones just sent out).
	2. There may be a recommendation for increased F/S tracking if this is observed to identify any trends as well as possibly identify additional supports that may be needed (i.e. a Parson’s/KNI referral, MCO Behavioral Health Intervention, Quality of Life Assessment, etc.)
16. **KDADS news-**
	* + 1. Still in Contract Negotiations
			2. ECK CDDO PEER Review is 9-11-19. You may be contacted for input. Please be honest, as the CDDO is always open for constructive criticism.
17. **Trend Tracking**
18. Every provider is required to complete Trend Trackings/AIR reports. It is in our policies and in your affiliate agreement.
	1. If the CDDO finds that neither is completed, then we will write corrective action plans.
	2. Jessica will be doing checks on this as she completed the on-site review and/or upon meeting with the member/guardian as part of the PCSP review process.
19. Kudos to COF in relation to TT and QA.
	1. They were doing well and meeting requirements before.
	2. They have created a team to work on QA issues and have increased their reporting as they begin to identify ways to improve quality within.
20. Please make sure you have your current provider policy on how you create Incident Reports (as each provider has their own system to report these). Some providers use a computer program such as Therap, others use a hand-written form. Would also like to identify how staff know when an incident report needs to be completed (vs. just documenting the frequency for example).
	1. Jessica would like to have these to her no later than close of business Friday (6/28/19).
21. **Corrective Action Plans**
	1. No active CAPs
		1. Well done to all providers for this!!
22. **Council of Community Members:**
23. Will meet Friday June 28, 2019 2pm-3pm.
	1. This is immediately following the QA Meeting from 1pm-2pm
24. **Affiliate News:**
25. **New Business/System issues for discussion:**
26. 30 Day Comment Review on Policies ends Thursday 6-27-19, close of business.
27. After the policies, we will be updating the affiliate agreement.
	1. Reminder, everyone receives the same affiliate agreement. We do not make exceptions, every provider is the same.
	2. The goal is to have the agreements out by 7-15-19, and have them due by August 31, 2019. Amber will keep you updated.
28. There is a Final Rule Presentation. See attachment.
	1. CDDO encourages you to either attend in person, or on the conference call in option.
29. Also, attached an information flyer for teens who have IDD, from KU. Please forward or give to anyone you know who may be interested.
30. I need to see agreements between providers and MCOs. I need to start labeling which provider is associated with which MCO on our choice forms for ease of verification.

**NEXT CDDO-AFFILIATE MEETING DATE & TIME:** September 19th, 10:00am to Noon @ ECKAAA Conference Room