

# FMS Meeting

1/22/24 2:00 p.m., KDADS Basement Conference Room

**Panelists:** Monte Coffman (Executive Director, Windsor Place), Seth Kilber (KDADS Long Term Services and Supports Assistant Commissioner), Jeff Miller (EVV Senior Program Manager, KDHE), Yvonne Case (Director of Operations, KDHE), Michele Heydon (KDADS Long Term Services and Supports Commissioner, KDADS)

**Meeting Goal:** Identify user-end challenges and utilize data-driven information from the EVV Team to make a better-informed and more efficient EVV system.

**Meeting outcomes:** Meeting attendees worked to clarify expectations and action items as listed below.

## ***The EVV Team***

- Will set up a workgroup so providers can meet with the EVV team on an ongoing basis with the understanding that everyone will make a concerted effort to attend and contribute to developing and improving forward-looking processes. The SOK wants to invite key stakeholders to have a chance to look at experience from all angles.
- Will utilize the EVV dashboard as a broadcast system to notify users of town hall dates, system issues, and EVV contact information. Reminder: When users experience issues, the first step is to make a ticket. If there is a wider issue, certain indicators will help the EVV Team get that info out to providers.
- Has put in a change request with FiServ so that the options and service IDs will remain in the same sequence each time to help users become more familiar with those codes. This will reduce the time-consuming process of listening to varying prompts on IVF.
- Will add to the workgroup agenda: add ability to sort by provider.
- Will instruct FiServ to build self-direction into the system with priority.
- Will send alerts to providers when hours are up for the week.
- Is working to make policies for undocumented processes...which are sometimes outdated. There are triggers in place so that, for instance, if someone is non-responsive, the proper protocol is followed by providers. We are working to have code 201 become a default for self-directed/non applicable.
- Is identifying where data about all consumers may inadvertently be viewable to all workers. Note: worker information and authorizations in EVV should be only viewable to the designated representative.
- Conducted a study which revealed that it takes a maximum of 70 seconds per clock-in and clock-out. 47 transactions are under \$1 for most cellular plans, which typically have unlimited data. There is no cost to use WiFi. Users are encouraged to use the smart phone app. If they do not have cell service during day, they can sync it up when they get home at the end of the day.
- Impresses the importance of filing claims be on the web so the EVV team can get them filed correctly. HHCS claims processing is more complicated and the EVV team is working on that process. We don't expect 100% perfection, but if someone is *never* doing it, that's a different story. We are on path of continuous improvement.
- Will be reminding them they have a choice in selecting FMS providers.

- Gainwell is retroactively working on that update and those are being uploaded and corrected.
- Will have Gainwell add a banner to the Provider Dashboard to include the following information:
  - Broad issues being experienced by users.
  - EVV contact info.
  - Town Hall dates.
- Can get FiServ on the FMS workgroup calls to answer questions at FMS meetings. They are out-of-state so they cannot attend in person.

### ***The State of Kansas (SOK)***

- Is in the process of updating all 7 waiver manuals. In the meantime, the waivers are the source of truth. is continually discovering undocumented processes and will write policies to further support those, provided they are up-to-date processes.
- Will conduct quarterly FMS meetings through an alternating schedule of in-person and remote for every other meeting.
- Will schedule a half a day meeting for KDADS to teach providers about audit requirements.
- **KDHE** is tracking points in eligibility to see if there is a trend across providers. KDHE is streamlining the escalation process to help us serve you better.
- **KDHE** has a liaison process (it's not perfect). A pod of people know their facilities and members. We are developing it. They have a mailbox that they email directly to and have a phone number.
- **KDADS** will have budget meetings Feb 12-13. We need providers to show up to give recommendations.
- Is removing the 40-hour limitation out for paid family caregivers. It was meant to get taken out in the TA waiver but was missed. Providers do have to follow the Fair Labor Standards Act regulations on overtime pay.
- Is working on developing a Community Support Waiver to address IDD Waitlist and will get Business Associate Agreements in order.
- **The Governor** said some DSWs should qualify for healthcare. They need access to KanCare.

### ***The Users and Providers***

- Should log errors in the system and create a ticket if they are experiencing issues. If there is a wider issue, certain indicators will help the EVV Team get that info out to providers. Note: The EVV team needs to be notified within day or two so they can improve the program's efficiency. It is important for profiles to be set up with the correct information. The more things the EVV team can clean up before the claim goes in, the more they can hold people accountable. The data need info captured right.
  - When reporting issues that need to be escalated, the provider/user should be ready to answer these questions:
    1. Who are you – what role do you have?
    2. What system were you working in?
    3. What function were you performing?
    4. What result were you expecting?
    5. What result did you get and why is that wrong?

- Are encouraged to contact their legislatures/Representatives/Chairs to stress the need for a rate increase in their area and why it is important to have a standard rate across waivers.  
Note: Currently, one bill is in Senate Ways and Means committee and one is in the House Appropriation committee. The budget process is very complicated and has a caseload process. The SOK doesn't have a lot of control over that. Key stakeholders should meet to discuss the best method for getting rate-setting on legislative agenda. *This will be more impactful if providers' concerns are compiled into a combined message rather than on an individual basis.*

### **The MCOs**

- Will pause audits momentarily to allow a coordinated in-person training regarding common understanding of all audits required by the State of Kansas (SOK) and by the provider's MCOs. Clearing up the ambiguity around the various audits and their scope was well received by those attending this meeting.
- Will set up a representative for everyone to review hours worked, clock-in and clock-out times, and ensure workers get paid on time.
- Will make sure the authorizations are entered correctly.
- Will schedule time to make sure they are on same page as providers.
- Will push the audit back to March 2024. Hold on addressing your audit request, and the SOK will have Averifi send further instructions.
- Hold responsibility for the training for now. Seth will meet with United to determine who will set the agenda so the SOK can come ready and prepared with some answers.

### **Challenges to be addressed by workgroup:**

- The EVV Team strongly promotes use of smart devices; however, many people in rural areas do not use cell phones so they must use an Interactive Voice Response (IVR) device via land line.
- The only way to see worker eligibility is to run an exception report. That worker can't provide service because, for example, they may live in the home. Claims need to show on the dashboard but that is a violation of the waiver and providers are being held to that.
- Eligibility is determined through the clearinghouse. Consumers don't always know how to navigate this process, and it is very challenging for providers and advocates to assist consumers in finding out where they are in the process. Sometimes providers need the proper release to speak directly to clearinghouse and are often turned away because they did not have the right release form. Providers have contracts to deliver these services and need communication to be streamlined – they know this process very well, but consumers don't always understand how to navigate it. We need to work with the clearinghouse so they can understand effective communication with consumers.
- The FMS manual does not discuss **medical caregivers**. Providers do not use language like 'acute' so if the consumer is responsible for picking what service they need, they will not always understand that verbiage.
- Consumers need services on day 1; not day 45, but this 45-day rule is dictated by policy.

**Attachments:** 1) FMS Provider Bulletin 2) Sign-up sheet for workgroup volunteers 3) Spreadsheet Comparing waiver language against FMS Manual 4) Rates from last session