



Community-Based Services Provider Group Meeting
Tuesday, November 14, 2023, 11:00 a.m. – 12:30 p.m.
LifeWays Meeting Summary

General Updates

Rick Van Wagoner, Provider Liaison

Rick Van Wagoner welcomed everyone to the Community-Based Services Provider Group meeting.

Provider Kudos

Rick encouraged all Providers to submit Kudos recognizing the hard work and cooperation of their peers.

Community-Based Services Updates

Rick Van Wagoner, Provider Liaison, Contracts Management

- In-Services - Staff are required to attend In-services and documentation is to be signed by the professional giving the In-service. Documentation needs to be completed, signed by everyone who attends, and put into LEO in a timely manner. A tracking process should be in place documenting the In-Service training given to staff by a clinical expert. The electronic LEO form for In-services is being updated. An email and training video will be sent when they are officially ready for use.
- Community Living Supports (CLS) Outings, Documentation - There have been some Home and Community-Based Standards (HCBS) visits to homes recently. It is very important that documentation of a CLS outing is complete and detailed. The HCBS likes to see what the interaction is of the consumer within the community. A calendar should be kept in each consumer's file, along with a detailed report showing who went, who they interacted with, and where they went. This information can also be included in the LEO Progress Note. It is imperative to get the two outings a week completed.
- LEO Progress Notes - LEO Progress Notes were made available last April. The licensed homes are currently using the LEO Progress Notes electronic form. The unlicensed homes will have a form available for them soon. Home administrators and Home Managers need to review the LEO Progress Notes regularly, making sure they are filled out completely and accurately with detailed information. If two out of three Progress Notes are not signed, they will not adjudicate. The user will get an error message if the Notes are submitted unsigned. Managers/supervisors should be able to view any unsigned documents in unsigned documents report in LEO under Reports and Downloads Menu or the PCE Standard Report.
- LEO Inactive Users - Any employee that leaves an agency should have their LEO accounts made inactive.
- Electronic Incident Reports – October 1, 2023 - Electronic Incident Reporting will begin October 1, 2023. LEO Help information has been sent to Providers. There is also specific training in Relias available. Providers will need to provide very thorough and complete

information electronically regarding the incident. We prefer to use electronic documents only. Quality Management is checking the Incident Reports to make sure they are thoroughly filled out.

- New Hire Recipient Rights Checks - New hires are required to have their recipient rights history checked. Please send the names of new hires to the Recipient Rights Office.
- Hiring Practices
- CCBHC Banner – LEO

1915i State Plan Amendment
Denae Tracy, Supervisor, Clinical Training
Quality Management

Denae Tracy gave a presentation (See attached Slides and Power Point).

Non-Physical/Medical Restriction
Randy Evans, Special Programs

- Any medical device that restricts movement or is intrusive such as gait belts, bed rails etc., must be in the treatment plan and must be reviewed by the BTC at least annually.
- When requesting approval for the intrusion/restriction a current prescription for the device must be provided, and it must be updated annually.
- You must clearly define how the device will be used and clearly define why it is needed. For example, if bed rails are used you must state if it is due to a medical condition like seizures where they may fall out of bed or whatever the concern is. This is an example of a purely medical condition. If they are getting out of bed without staff and without another device like a gait belt due to being a fall risk, then this is a behavioral issue and must have a BTP to address the behavior.
- If they have a medical only device but have behavioral control medications, you will also need to make a referral for a BTP to address the behaviors the medications are prescribed for. For example, if the consumer is destroying property because they do not want the medical device, etc., and are receiving medications for that behavior. These situations must be clearly defined.

Health and Wellness
The Wellness Team

The Wellness Team gave a Presentation (Please see the attached Power Point).

Medical Consents
Emily Purdey, LBSW, Assistant Compliance Officer
Corporate Compliance

LifeWays Compliance Office recently received evidence that several direct care staff had signed consents for recipients' medical treatment or procedures in place of their guardians. When a recipient has a guardian and is brought to a medical provider for treatment or a procedure, only the guardian may give consent. If the guardian is unavailable and there is an

urgent need for treatment or a procedure, the medical provider is responsible for making the decision to render care as needed, even if the guardian is unable to give consent. Please advise your staff that they must never provide consent for treatment when a recipient has a guardian.

Network Performance Updates

Philip Hoffman, MBA, Supervisor, Network Performance

Provider Performance Index

PJ (Philip Hoffman) stated that at this point, everyone should be using Power BI to take action on the cases that maybe be out of compliance such as Engagement and those not seen in over 90 days. The expectation is that Providers are using the PPI to drill down on the underlying data to make case specific and systemic improvement in performance. What LifeWays doesn't want to see is cases that are remaining month after month and not being resolved. If there are instances where exclusions need to be included, please send those via LEO Help Desk ticket.

When provider liaisons are meeting with providers, they will be reviewing the Provider Performance Index.

Episode of Care

Some of you may have been involved in the past when we discussed the Treatment Plan Dream, which we are now calling the Episode of Care Plan. Let me refresh those that know about it and discuss with those that are new to the term. The goal is to create an individualized plan of service that follows the individual while they start receiving services until discharged. The aim is to remove administrative burdens, create efficiencies and ensure the highest quality of service is provided to those receiving services.

In a perfect world, what this would mean is: you wouldn't have to re-write an IPOS annually, you would only have to review and update the plan as needed. When the IPOS is amended, it would restart the clock on when the next update to the plan must occur which is 365 days.

To date, a group of internal LifeWays staff have already begun mapping out what this will look like to get closer to the finish line.

Next steps:

- We direct service provider's feedback. Typically, we have administrators or leaders of organizations attend but what we really would like is feedback from individuals directly providing services to individuals to be involved.
- Expect an email to be issued in the coming weeks around 1 hour ideation sessions that will take place. The ideation sessions will include idea development, theming out ideas, discussing themes, etc.
- From the ideation session, this will be used to inform ongoing Episode of Care Plan Development while allowing our direct service providers to have a voice in the changes.

Referrals - when accepting a referral - please include the CPT code and the amount of service you'll need to start services on the referral form in the notes section.

Next Meeting: December 12, 2023

Questions & Answers

**Jennifer Fitch, LMSW – Clinical & Macro
Director, Utilization Management**

- Responding to requests for information from Utilization Management Department (UM)
UM has experienced an increase in messages not being responded to when requesting additional information to process authorizations. Please make sure staff respond within two business days. If UM does not have the information needed to make a decision within 14 days, UM will either deny the service or send a delay notice to the consumer/guardian. Feel free to reach out to UM if you have any questions.
- Step-down from Specialized Residential
Consumers deemed eligible for specialized residential services may need to be stepped down at some point if/when the consumer no longer meets the criteria for that service. In these cases, we are asking that the Primary Case Holders work with the guardian/consumer, UM, and the residential providers to assist with this step-down process. Per Medicaid guidelines, LifeWays cannot pay for specialized residential for consumers who do not meet eligibility requirements for this service. Again, please reach out to UM if you have any questions.

30-Second Public Service Announcement

Nothing at this time.

Meeting Adjourned at 12:26 p.m.

Attendance:

Providers:

Anastasia Nelson, PCS Manager
Darlene Devine, PLS
Sara Kolesar, Illuminate
Melissa Frash, CLN
Tiffany Smith, Pathlight
M. Dixon, Pathlight
Leon Reed, Pathlight
Beth Cooley, Pathlight
Patricia Grant, Hope Network SE
Teri Miskowski, Rice Manor
Pamela McKessy, IPS – Hope Network
Alicia Williams, Christ Centered Homes
Jodi Rodrigues, Christ Centered Homes
Sue Hayden, Twin Maples
Chelsea Tilger, Twin Maples

Jennifer Lauren, Hope Network
Angel Bail, Pathlight
Brenna Goodlock, Pathlight
Justine Avery, LifeSpan
Georgia Mason, Key Opportunities
Sarah Johnson, Pathlight
Nancy McKittrick, Hope Network SE

LifeWays Staff:

Aimee Williams, Utilization Management
Alexis Shapiro, EMR Systems
Andrew Murphy, Contracts Procurement
Belle Black, Contracts Procurement
Bobby Coleman, Network Performance
Casie Shirer, Contracts Procurement
Cindy Keyes, Quality Improvement
Emily Purdey, Compliance
Jennifer Fitch, Utilization Management
Jennifer Wireman, Quality Improvement
Jessica Tucelli, Access Services
Rick Van Wagoner, Network Performance
Robin Miller, Supervisor, Outpatient Billing Services
Ryan Broughton, LifeWays, Case Management
Philip Hoffman, Network Performance