

Provider Forums (May 2nd-May 20th)

200+ providers participated in one of 15 forums

Question 1: What can CCCW do to be more cost effective in delivering the Family Care program to eligible community members?

Question 2: How can your organization be more cost effective in delivering services to Family Care members?

Question 3: How can CCCW support your organization in successfully achieving the prioritized ideas developed in Question 2?

Residential Provider Forum Monday, May 2nd Wausau 9:00-Noon

Attendees: Faye Ambrose/The Homeplace, James Tallman/The Homeplace, Don Andreson/Aurora, Heather Romatowski/Care Partners, Jean Matushak/Independent RN, Micki Duir/Circle of Love, Roxie Glopinski/Country Life AFH, Kim Tryba/AFH, Nancy Fisker/Poplar Place, Linda /New Horizons, Sheila Burger/New Horizons, Therese Hackbarth/Simply Home Adult Family Home, Lori Nardin/KSMS Our House, Scott and Lori Rusch/Allison House, Steve Tewes/Tewes CBRF and AFH, Anna Roberts/Lifenet and Coho, Mary Fresia/Lifenet and CoHo, Barbara Banals/AFH, Pete Leer/Rennes Health

Question 1: Priorities	Status:
Review need for separate functional screeners and IDT staff <ul style="list-style-type: none"> • Duplication of services 	
CCCW provide more member history when making a placement.	
Assign same staff to a facility	
Review Roles/Responsibilities of SW and RN CCCW staff	
Review Audit requirement for providers	
Make sure members are in the most appropriate living situation to meet their needs.	
Recycle adaptive equipment/DME	
Support Regulation changes (e.g. AFH's and 8 bed)	
More direction for SHC and RCP on services to be provided	
Reduce the number of required meetings	
Reduce the number of authorization changes <ul style="list-style-type: none"> • Causes providers to spend extra time and money 	
Review Family Care program eligibility requirements	
<ul style="list-style-type: none"> • Better preparation of SW and RN when meeting with providers 	

Question 1: Ideas from all Groups	Status:
<p>SW and RN Role</p> <ul style="list-style-type: none"> • Nurses are a duplication of services • Is there a need for both a SW and RN on each team • Assign same staff to a facility • Assessments are duplication of services when provider completes also. • Better preparation of SW and RN when meeting with providers. • SW and RN should have better knowledge of residential facility when looking to place a member • Base RN involvement on member need for RN • Streamline IDT by provider • Roles/Responsibilities of SW and RN – maximize their talents? delivery of products, set up of services, clerical • Education of provider of SW and RN Role 	
<p>Functional Screen</p> <ul style="list-style-type: none"> • Having separate functional screeners is a duplication of services. • Question need for separate FS/IDT: Why do the screen if it does not affect rates of providers. 	
<p>DME/DMS</p> <ul style="list-style-type: none"> • Reduce adaptive equipment • Equipment return/management of, rental?? 	
<p>More direction for SHC and PCW on services to be provided. Possible verification/audit of services.</p>	
<p>Better manage member medical appointments.</p>	
<p>Closer management of OTC's</p>	
<p>Support regulation changes (AFH, 8 bed)</p>	
<p>Behavioral support Plans: overlap with providers and CCCW</p>	
<p>Using consultants??</p>	
<p>Billing</p> <ul style="list-style-type: none"> • Inefficiencies in billing • WPS customer services • Authorization #'s change too often. Causes provider to spend extra time and money • Preplanning/Prior authorization for basic needs (wheelchair repairs and supplies) • Make reports of claims paid electronic 	
<p>Allow families to subsidize services</p>	
<p>Assure members are being served by closest office</p>	
<p>Combine offices (CCCW)</p>	
<p>Role/Responsibility provider vs. IDT Team</p> <ul style="list-style-type: none"> • Maximize efficiencies and communications 	

Do providers need to complete an audit?	
Partnering in best practice to prevent frequent hospitalizations.	
Review of program eligibility requirements	
CCCW provide more member history when making a placement	
Making sure members are in the appropriate living situation in line with their needs	
Cap date of enrollment could increase CCCW cost	

Question 2: Priorities	Status:
Establish standard communication process with CCCW teams	
Identify roles to prevent duplication of services	
Bring services to the facility instead of going to a nursing home <ul style="list-style-type: none"> Be proactive when a baseline is reached to discontinue services 	
Develop better understanding of rate setting methodology – understand expectations	
Look at internal systems to utilize less products, and explore ability to return unused product	
Recycle/Adaptive equipment/DME share	
Other sources cover what they are responsible for (e.g. when member is hospitalized)	
Support/Suggest regulation changes.	
Know about cost effective community events	
Rates that allows for partnering in prevention and outreach – education of families	
Staffing efficiencies – Combine medial, social,	
Find resources that are less expensive <ul style="list-style-type: none"> Family, volunteers, churches, etc. 	

Question 2: Ideas from all Groups	Status:
Rates that allow more partnering in prevention outreach <ul style="list-style-type: none"> Focus on wellness and prevention Education of families 	
Identify roles to prevent duplication of services	
Provider setting expectations of CCCW communications to allow for provider efficiencies <ul style="list-style-type: none"> Establish standard communication with CCCW teams 	
Combine member appointments, social, other	
Delegate tasks as appropriate to avoid hiring more (cross training)	
Find resources that are less expensive <ul style="list-style-type: none"> Encourage family involvement Knowing about cost effective community events 	

Review internal business expense <ul style="list-style-type: none"> • Wages, benefits 	
Maximize capacity	
Revising Marketing Plan – networking	
Better understanding of rate setting methodology – understanding expectations.	
DME/DMS <ul style="list-style-type: none"> • Sharing of unused DME • Recycle adaptive equipment/DME • Look at internal systems to utilize less products (toilet schedules) • Being able to return unused product when member passes away or moves 	
Training <ul style="list-style-type: none"> • More standardized training 	
Other sources cover what they are responsible for (e.g. when member is hospitalized the hospital cover supervision)	
If less \$, then you will receive less services	
Support/suggest regulation changes	
Make sure services are necessary	
Accessing the most cost effective providers (transportation)	
Bringing services into the facility instead of member going to a Nursing home and being proactive when a baseline is reached to d/c services.	

Question 3: Priorities	Status:
Develop a standardized communication process with providers	
Expand transportation services	
Keep website updated with information and education material for providers to utilize.	
Provide free training and education	
Facilitate forums to look at duplication and develop best practices	
CCCW RN's provide basic medical services – <ul style="list-style-type: none"> • Checking blood pressures, etc. 	
Communication of provider expectations	
Develop internal efficiencies <ul style="list-style-type: none"> • Maximize provider census and assessment w/out rate, long delays to placement options and better communication on status 	
Assistance to help members use community resources (churches, volunteers, etc.)	
Partnering and listens to providers, and trusting providers' judgment	

Question 3: Ideas from all groups	Status:
Training <ul style="list-style-type: none"> • Provide free training • Offer more training to providers • Educational training with providers and IDT CCCW staff • Education by provider type on roles and responsibilities 	
Expand transportation services	
Education to hospitals	
Assistance to help members use community resources (churches, volunteers, etc)	
Make sure the right level of professional does services.	
Communication <ul style="list-style-type: none"> • Having a standardized communication with providers • Partnering and listening to providers and trusting providers judgment • Communication of expectations of providers • More timely communication of change of meeting with CCCW and providers • Communication on status and long delays to placement options. 	
Keeping website updated with information and educational materials for providers to utilize.	
CCCW RN provide basic medical services (e.g. checking blood pressures, etc)	
Facilitate forums to look at duplication and detail best practices.	
Natural Support <ul style="list-style-type: none"> • CCCW encourage family involvement/Joint approach with provider • Resource list – sharing resources • Partner with providers when changes occur 	
Maximize provider census	
Don't ask provider to assess without the rate	

Residential Provider Forum

Monday, May 2nd

Marshfield

1:30-4:30pm

Attendees: Cindy Fay/St. Joseph's Place, Sharon Vincent/Sycamore House, Daniel and Donna Nash/Nash AFH, Janice Moen/Moen AFH, Carol Verch/AFH, Beverly Williams/AFH, Cheryl Willman/AFH, Marlene Gaffney/AFH, Jodi Willman/Aspirus VNA, Marlene Hanson/AFH, Paula Arndt/AFH, Lori Pongratz/AFH, Craig Bain/AFH, Lori Weiler/AFH, Sue Jansen/Marshfield Area Respite Care

Question 1: Priorities	Status:
Reevaluate roles and eliminate CCCW RN's as they are not beneficial. Cannot provide hands-on care. Waste of \$, SW can do job.	
Functional screeners do not know the members. IDT does. Screeners are duplication of services the IDT should do.	
Transition members from assisted living to home <ul style="list-style-type: none"> Analyze cost of smaller facility and support cost before moving to a larger facility Assess when care at home is no longer cost effective 	
Reevaluate role of teams related to care setting	
Transportation changes <ul style="list-style-type: none"> Streamline providers related to volume Rate increase to assisted living to provide transportation 	
Address variable rates paid for those representing a member (MCOs, Work, Medical professional)	
Support longer timeframes for recertification	
If members can be served at an owner occupied AFH, have them be served there. Move people to these settings if needed!	

Question 1: Information from all groups	Status:
IDT team <ul style="list-style-type: none"> Reevaluate role of CCCW RN Eliminate CCCW RN's as they are not beneficial. Cannot provide hands-on care. Waste of \$. SW can do job. Could CCCW provide transport to members rather than paying for it? Redesign teams RT care setting CCCW staff make unnecessary trips/visits Reevaluate IDT attendance at placement meetings Base the team on the member need 	
DME/DMS <ul style="list-style-type: none"> Look for more cost effective provider 	
Transportation changes <ul style="list-style-type: none"> Streamline providers related to volume All assisted living – rate increase to do transportation Transportation and better coordination(cost is triple in Marathon and outside Mfld) 	
Communication <ul style="list-style-type: none"> Avoid multiple contacts/mailings on same information Use email Streamline communication Encourage providers to inform IDt of change in care needs + or – CCCW care conference monthly Too many positions to get an answer or referral Who to call for what? 	

<ul style="list-style-type: none"> Streamline communication for residential services – sometimes SW knows member better vs. info on written referral Better coordination with all those involved (APS, courts, work, MCO – decrease number of people) 	
Analyze cost of smaller setting and supports to keep them there before more to larger setting.	
Better coordination between ADRC's and CCCW (is there duplicate services? Utilizing transportation at ADRC)	
Audit authorized time vs. billed time	
Functional screeners do not know the members – the IDT does. Screeners are duplicating services the IDT should do. <ul style="list-style-type: none"> Another person involved. Have team do them Give provider screen and questions ahead of time. If things remain the same, why is it needed? Only do rescreen when changes occur. 	
If people can be served at an owner occupied AFH, have them be served there. Moving people if needed!	
Reevaluate and audit services to changes of care needs	
Hold members to be accountable RT care needs.	
Pay/Benefits of CCCW staff <ul style="list-style-type: none"> Level of pay for functions of job – variation from different venues 	
Support for recerts – longer timeframes (2 or 3 years)	
Require background checks on members – to be fully informed.	
Mandatory direct deposit – eliminate confirmation letter.	
Point of contact person for assistance <ul style="list-style-type: none"> How to bill for new providers, etc. 	

Question 2: Priorities	Status:
Streamline notification/paperwork processes <ul style="list-style-type: none"> Time consuming processes 	
Reduce/eliminate background checks/expensive	
Eliminate requirement for bubbling packing of medications	
Hire staff within service area to lower costs <ul style="list-style-type: none"> E.g. in more rural areas – less time traveling 	
Utilize other sources of funding <ul style="list-style-type: none"> Grants, donations, coupons, discounts, etc 	
Coordinate appointments of multiple residents on same day – ask appointment staff	
Less meals/snacks (per resident request)	
Explore/develop opportunities to more effectively utilize disposable medical supplies <ul style="list-style-type: none"> Re-use vs. disposable 	

Question 2: Information from all groups	Status:
Transportation – allow use of taxi vs. bus <ul style="list-style-type: none"> \$4/day vs. \$12/day 	

Eliminate newspaper subscription <ul style="list-style-type: none"> • 1 for owner, 1 for residents 	
Less outings – decrease in transportation and activity cost	
Less respite	
Less meals/snacks per member request	
Medication – bubble packing	
Personal care items based on member needs <ul style="list-style-type: none"> • Maximize independence • Decrease the use of incontinent products by doing skill training • Re-using supplies instead of using disposable products. 	
If members can pay – provide their own laundry supplies	
Streamline notification/paperwork (time to spend on other things)	
Ability to reduce electric/heat costs with increase or decrease of temperature in home	
Resident supply own snacks, personal care items and recreational items	
Member responsible for damaged property.	
Coordinate appointments of multiple residents on same day – question appointment staff	
Hire staff within service area to lower costs	
Utilize other sources of funding: <ul style="list-style-type: none"> • Grants, donations, coupons, discounts 	
Decrease hours with staff when census is low	
Paid volunteers <ul style="list-style-type: none"> • Senior citizen employment training 	
Report conditions changes to help decrease cost as members improve.	
TB test 90 days within placement when member has already had a TB test.	
No longer take members to visit family d/t gas costs.	
Cut 1:1 time and community outings.	
Grocery shop at ALdi's	
Eliminate cable TV	
Caregiver background checks are expensive, seem redundant when the respite caregiver is already certified by CCCW or works with a provider.	
Billing by CCCW/payment to the providers takes time away from members.	

Question 3: Priorities	Status:
Decrease paperwork for providers <ul style="list-style-type: none"> • Multiple logs, multiple people to communicate with (SW, RN, Work, guardian, etc) 	
Reduce paperwork for IDT staff – they spend less time with members and have less time to support providers.	
Transportation costs – identifying better ways to provide/pay – volunteer drivers, etc.	
Reimbursement for damages by members	
Referrals to providers	

Re-authorization timing from IDT	
Utilize other funding sources – grants and coupons	
Allow for individualization of need <ul style="list-style-type: none"> • Need for snacks, meals, purchasing of soda, etc. 	
Do not require AFH to do background checks: if respite provider has already had one elsewhere, use it.	
Streamline notification of changes, better communication is needed. Providers don't have computer access.	
Hire staff within service area.	
Coordinate appointments <ul style="list-style-type: none"> • RNs to assist in coordination via direct contact; education of clinical coordinator related to transportation/time; iDT with providers – what is the purpose? 	

Question 3: Information from all groups	Status:
Hiring staff in service area	
Coordinating appointments <ul style="list-style-type: none"> • RN's to assist in coordination of appointments via direct contact • Education of clinic coordinators RT transportation/time • Question IDT and providers? Purpose of meeting 	
Utilize other funding sources – grants and coupons	
Work with ADRC to share resource list and different types of resources available	
Referrals to providers	
Timing of re-authorization from IDT	
Not require bubble packing	
Decrease paperwork - multiple logs, multiple people to communicate with <ul style="list-style-type: none"> • Paperwork is very time consuming from IDT, they spend less time with members and supporting providers 	
Allow for individualization of need <ul style="list-style-type: none"> • Need for snacks, meals, etc, soda 	
Support for heat/cooling changes per resident need.	
Reimbursement for damages	
Transportation costs <ul style="list-style-type: none"> • Identifying better ways to provide/pay. • Volunteer drivers, etc. 	
Do not require AFH to do caregiver background checks if respite person has already had one elsewhere, use it	
Reporting/Communication <ul style="list-style-type: none"> • Decrease the amount of contact with other agency individuals. Make the IDT the primary people to talk to. • Streamline notification of changes. Better communication is needed. Providers do not have computer access. 	

Attendees: Dave Schroda/AFH, Myra Manske/AFH, Duane and Marge Wolding/AFH, Darlene Schroda/AFH, Paula Hunter-Wilhelm, Gail Wilkins/Pineridge CBRF, Heather Stoflet, Jennifer Lowery/Point Manor, Shirley Bronk/AFH OO, Jackie Kramer/AFH OO, Kim Medwar/Rice Management (Care Centers), Barb Vandervelden/Rice Management, Kelly Pliska/Tanglewood (Mapleridge), Jeni Seefelt/Tanglewood (Mapleridge), Kathy Meyer/AFH, Terra Schneider/AFH, Darrin Schneider/AFH, Karen Trbratowski/Crystal Fountains (Whispering Pines), Phyliss Lemoine/Drake House, Robyn Siskoff/AFH, Barb Austin/VNA Extended Care, Kelly Opiola/North Group, Tonna Ambrosiu/AFH, Debbie Tomkowiak/AFH, Joy Halstead/AFH

Question 1: Priorities	Status:
CBRF's have RN's – Role of RN <ul style="list-style-type: none"> Only for members in their own home or on call or evaluative role 	
Why have Functional Screener staff instead of IDT complete	
Limit # of Teams in a facility or home <ul style="list-style-type: none"> 1 care team per facility 	
Create a pool of people to give care not thru agency (CCCW complete paperwork, background check, etc.)	
Reimburse higher for CR members from DHS	
Education to hospitals – physicians seem to push NH vs. cost effective option	
Tax codes – respite reviewed	
Transportation needs to be done more cost effective	
Member proper placement – CBRF vs. home vs. supportive living	
Reporting Requirements <ul style="list-style-type: none"> Eliminating incident reporting for after hours and weekends 	
Question 1 : (Ideas from all groups)	Status:
Cover NH placements with Medicaid not funded by Family Care	
DME/DMS <ul style="list-style-type: none"> One lift per facility Return to depends order form 	
Care Management efficiencies <ul style="list-style-type: none"> Meet with more than one member in a visit One care management team per facility Better coordination of care managers meetings – meet with multiple members in one visit. Reduction of duplicate forms and services between care managers and facility staff. Reviews on time Have IDT evaluate each other's caseloads to see if they find more cost effective ways that worked for member Only have one person at home meeting Hire experienced SW and RNs 	
RN role <ul style="list-style-type: none"> CBRF's have RNs – duplication of service. Is RN needed for members in CBRF? RN's only for members when they are in their own home. 	

<ul style="list-style-type: none"> • Is there a need or implement an on call system • Reduce amount of RNs and reevaluate their roles and responsibilities 	
Establish a continuum of care with care manager and provider	
Better definition of CCCW and provider expectations in contract.	
Billing process <ul style="list-style-type: none"> • Streamline claims retro rate adjustment process and general billing for day In/out • Access to authorizations on CCCW portal/website • Do we really need WPS – causes more work – bring back to claims 	
Review program eligibility requirements	
Review wage/benefit package of CCCW employees – should be comparable to private sector	
Make sure members are placed in appropriate setting <ul style="list-style-type: none"> • CBRF vs. home or supportive apartments 	
Functional Screens: <ul style="list-style-type: none"> • Ensure functional screen is capturing true cost • Have IDt complete the screen • ADRC and CCCW doing screen – can be one or the other and be accurate 	
Independent living training – so members don't depend on home health long term.	
Transportation <ul style="list-style-type: none"> • Needs to be done more cost effective • Agency acquire transportation • Van/driver thru CCCW • Accessible van run by CCCW 	
CCCW explain costs to providers (cccw cuts in advance)	
CCCW hours of operation <ul style="list-style-type: none"> • Holiday closure for CCCW 	
Public meetings to educate seniors of what different programs that are available	
Education to hospitals – physicians push NH vs. other more cost effective options	
Tax codes – review respite rate	
Become more a part of team – more update info on placement	
Shadow provider to understand care provided in home	
Create a pool of people to give care not through an agency (CCCW do backgrounds checks, paperwork, etc)	
State reimburse higher for CRI members to CCCW	
Mail paperwork in advance to providers	
Support staff/secretary to collect data from providers (med changes, physician updates)	
Recertification done every 2 years instead of annually, cost of recertification to provider	
Limit meetings time for reviews to ½ hour – 1 hour. Stay on track and keep to business.	
Evaluate workload and need to add positions	
Change auditors	

<ul style="list-style-type: none"> Wipfli is high cost 	
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Question 2: Priorities	Status:
Develop volunteer transportation pool/list	
Make sure payment matches services being provided.	
Set schedule for care managers to meet with facility staff. Cover all members at one meeting.	
Use all supplies – don't waste – ship correct amount – Talk to IDT Re: quantities. DME is used cost effectively	
Review AFH billing process <ul style="list-style-type: none"> Provider less time/postage 	
Retention Incentives for staff – employee satisfaction	
Solicit ideas from internal CCCW staff if they have more ideas, day to day operations that could be done by providers more cost effectively	
Share mechanical lifts in facility	
Consolidate travel <ul style="list-style-type: none"> Example: Grocery shopping, multiple visits in one trip/day 	
Email communication rather than trying to call and leave messages – quicker response time	
Develop more cost effective options – AFH's	
Reduce respite time – double payment	
Consolidate insurance for AFH/Group insurance – Have CCCW assist.	

Question 2: (Ideas from all Groups)	Status:
Reduction of Rates	
Develop more cost effective options - AFH's	
Respite <ul style="list-style-type: none"> Reduce respite Respite rate rolled into AFH rate and hire own respite provider as needed. Open respite authorizations (rather than individual authorizations) Coordinate respite time for "empty house" 	
Consolidate insurance for AFH's/group insurance <ul style="list-style-type: none"> Have CCCW assist with this 	
Consolidate transportation <ul style="list-style-type: none"> one provider picking up members Grocery shopping, multiple visits in one trip/day Develop volunteer transportation pool/list 	
Set schedule for care managers to meet with facility staff and cover all members at one meeting. Same day appointments	
Make sure that payment matches services being provided.	
Continue meetings like these to get more ideas on how to be more cost effective	

Solicit ideas from internal CCCW staff if they have more ideas on how provider day to day operations could be more cost effective.	
<p>DME/DMS</p> <ul style="list-style-type: none"> • Have providers pick up supplies rather than SW/RN deliver • Using all supplies – don't waste – ship correct or needed amount and adjust as needed • Return unused and unneeded items or supplies • Have a loan closet • Pharmacies take and credit unused meds • Is used cost effectively • Only order DMS when needed – not auto order. • Staff education related to use of supplies • Share mechanical lifts 	
<p>Communication</p> <ul style="list-style-type: none"> • with CCCW regarding member services (increase and decrease in needs) • email rather than trying to call and leave messages/quicker response time 	
<p>Conserve energy (windows, doors, etc)</p> <ul style="list-style-type: none"> • Lower thermostat/program thermostat 	
Use coupons and buy in bulk, co-op approach	
Give members more spending money so providers don't pick up as much miscellaneous costs	
Retention incentives, birthday, holiday, employee satisfaction	
Use free community activities	
Activity night at another facility – share resources	
Shadow provider	
Share the cost of excessive wear and tear on furniture/home	
<p>Payment processing</p> <ul style="list-style-type: none"> • Inform when claim denied quicker • Review AFH billing process 	

Question 3: Priorities	Status:
Have Service Coordination perform screening	
Use providers to full capacity # of beds	
CCCW and providers work together to develop volunteer list groups indicating what services they can provide.	
Timely and accurate screens and appropriate rate changes.	
<p>Storage rooms for donated items</p> <ul style="list-style-type: none"> • Our own loan closet • Donated equipment and relocation of DME 	
Work with CCCW to improve billing – WPS	
Consistency	

Internet based system to share supplies, resources	
Less notification requirements <ul style="list-style-type: none"> • Incident reporting • After hours/weekend reporting 	
Only order DMS as requested by facility	
One team per facility	
Assist in finding cost effective insurance	
Less paperwork	
Create a volunteer driver program to assist members	
Share mechanical lifts	
Communicate placement openings among providers	
Have a contact person at CCCW to submit ideas to – working with CCCW staff person – have regular contact	

Question 3: Ideas from all groups	Status:
Functional Screening <ul style="list-style-type: none"> • Have service coordination perform screening • Timely and accurate LTCFS (change in condition) and appropriate rate change 	
DME/DMS <ul style="list-style-type: none"> • Only order DMS/DME as requested by facility • Accept returned unopened supplies • Check with provider to assure CCCW is providing the appropriate supplies needed • Develop a loan closet • Accept donated wheelchairs and other equipment • Develop and maintain an internet based sit for providers to share or donate equipment/supplies • Share Mechanical lifts • Storage rooms for donated items to donate equipment. 	
Training <ul style="list-style-type: none"> • CCCW provide educational opportunities for providers 	
Billing process <ul style="list-style-type: none"> • CCCW simplify claims billing process for adjustments • CCCW improve billing/billing process (WPS) 	
Service Coordination (SW/RN) <ul style="list-style-type: none"> • One team per facility • Matching SW background to member 	
Assist in finding cost effective insurance <ul style="list-style-type: none"> • Customize for AFH 	
Less Paperwork	
Transportation <ul style="list-style-type: none"> • Create a volunteer driver program to assist members 	

<ul style="list-style-type: none"> • Volunteer driver list coordinated by CCCW • Work together on addressing members on the frequency of trips – how to consolidate trips 	
Continue to partner with providers to view whole picture	
Networking sessions	
Consistency	
Duplication in reporting to State and CCCW	
Use providers to full capacity	
Updated respite provider list online	
Member plans better communicated to providers	
Communicate placement openings among providers (AFH to respite home)	
Surveys from CCCW to staff at CBRF's, etc. On how to be more cost effective, also to solicit more ideas.	
Having a contact person at CCCW to submit ideas to- working with CCCW staff person – have regular contact with them.	
Reporting <ul style="list-style-type: none"> • Less notification requirements • Incidents reporting after hours/weekends 	
Volunteers <ul style="list-style-type: none"> • List of volunteer drivers • CCCW and providers to work together to develop volunteer list/groups indicating what services they can provide. 	

Linda Cass/NCHC, Jenny Josiger/Sekara, Gary Emmel/Lake Aire Manor, Esther Fuller/Our Way, Annette Moutasto/Our Way, Deb Chilsen/NCHC, Jo Poeske/NCHC, Diane Korzinck/NCHC, Rose Boron/Acorn Hills, Amy Forst/Forest Park (Homme Homes), Steve Seybold/Homme Homes, Becky Antiporek/Our House, Jessica Betts/Our House, Patty Milbeck/Cedar Ridge, Greg Loeser/Iola Living Center, Chuck Zeinert/NCHC, John Vieth/Brotoloc, Diane Goetsch/Kindhearted Homecare, Emma Hoffman/AFH, Jessica Mathews/REM, Mary Stueber/REM, Teresa Rhodes/REM, Nancy Schutz/NCHC, Sue Midlikowski/Marathon Youth Services, Pam Pierzchalski/Marathon Youth Services, Eaarl Jorgensen/Rustic Willows AFH, Sara Saterfield/Opp Inc, Jon Potter/Opp Inc., Liz Vehlou/NCHC,

Question 1 – Priorities	Status
Have the SW be the Care Manager – Give nurses higher caseloads and assess RN role in facilities <ul style="list-style-type: none"> • Review/Evaluate roles and responsibilities and duplication 	
Review and Evaluate Organizational Structure <ul style="list-style-type: none"> • Reduce RN Service Coordination Staff • Increase Service Coordination Case load • Administrative Staff • Streamline Positions (too many Title/positions) 	
Assign SW and RN by facility or region <ul style="list-style-type: none"> • Too many staff involved per member 	
Rely more on facility staff to assess member needs	
Work Collaboratively with providers to develop efficiencies <ul style="list-style-type: none"> • Build capacity to meet need; minimum vacancies 	
Streamline the residential process	
Standardize expectations for providers <ul style="list-style-type: none"> • Communication, contracts, etc. 	
Assign Case Managers to do Functional Screens	
Simplify authorization and billing process	
Access to services in rural areas (example: Mosinee day services – save on transportation)	
CCCW should have specialized staff based on type of facility	
Question 1 (Ideas from all groups)	
Assign SW and RN by facility or region <ul style="list-style-type: none"> • Assign one team to a facility • Assigned based on staff specialty and the type of facility 	
Standardize communication expectations <ul style="list-style-type: none"> • Streamline information sharing. Provider collects info, gives to CCCW then at reviews have to give it again. 	
Have the SW be the Case manager and the nurse have higher case loads	

<ul style="list-style-type: none"> • Is it necessary to have a nurse and SW for every member • Educate provider on roles of RN/SW • Utilize RN when medical need is identified with member. Is RN needed in residential settings when a RN is on staff with Provider agency? • Reduce staff, streamline positions, multitask, create efficiencies • Review organizational structure and administrative staff. • CBRF's and AFH's already have RN and SW on staff within agency. Duplication of services. 	
Standardize what "above and beyond" expectations for providers are and define etc. as stated in the contract	
Functional screen/IDT is duplication of services <ul style="list-style-type: none"> • Functional screens completed by case workers. • Functional Screen process • Functional screen accuracy • Functional screen redundancy 	
Reduce staff salaries (Top heavy, too much going to administration) <ul style="list-style-type: none"> • Renegotiate wage and benefit packages of CCCW staff 	
Reduce the amount of paperwork	
Work with providers to keep their facilities full <ul style="list-style-type: none"> • More clarity to providers on needs of CCCW. Ask providers to build/then no members 	
Review staff to manager ratio	
Rent vs. own durable medical equipment	
Streamline medical referrals (for cost effectiveness)	
SW and RN carpool to appointments. If member involved in meeting carpool with.	
Better coordination of transportation	
Streamline the Residential Referral process.	
Have reviews and authorizations done and received prior to service dates.	
Simplify billing/process <ul style="list-style-type: none"> • Not always timely or don't receive at all • Often multiple authorizations or incorrect 	
CCCW increase video/telephone usage	
Establish a better screening tool that better reflects member costs.	
Re-work emergency notification protocol for members in residential placements.	
Utilize more electronic forms of communication with service coordinators.	
Less staff review of physician ordered care/services.	

Question 2 – Priorities	Status
Foster team approach with MCO staff	
Utilize more electronic medical records	
Manage staffing costs/occupancy changes – Partner with CCCW to limit vacancies	
Establish a CCCW loan closet for supplies and equipment/cost effective DME/DMS purchasing practices	

Find cost effective trainings	
Potential services to come into facilities (e.g. blood draws)	
Partner with other providers for transportation	
Multi-task staff	
Encourage more family involvement and natural supports	
Increase number of beds to larger facilities to reduce costs	
Capitalize on strengths – focus on target groups	
Providers to assist member with some of services (example: job coaching) stop subcontracting to save money	
Work to find options for AFH OO and other providers to reduce health insurance costs	
Cooperative rate negotiations and pricing for DME/DMS items	
Provide CCCW staff with access to facility medical records – improve communication.	
Question 2 (Ideas from all groups)	Status
Consolidate homes • Close homes/create staffing efficiencies	
Management work hands-on • Streamline management • Multitask staff	
Do as much over the phone to reduce travel costs	
Find cost-effective trainings	
Partner with other providers for transportation	
Increase # of beds to larger settings to reduce costs.	
Increase volunteer base. • Encourage more family and natural supports	
Capitalize strengths – focus on target groups	
Staff Retention	
Foster team approach with MCO staff	
Cooperative rate negotiation and pricing for DME/DMS items • Most cost effective goods and supplies	
Utilize more electronic medical records • Provide CCCW with access to medical records to improve communication.	
Provider assist member with some of the services instead of subcontracting (ex: job coaching)	
Limit vacancies • Manage staffing costs/occupancy changes	
Potential for services to come into the facility (blood draws)	
Establish a CCCW loan closet for supplies.	
Standardized Communication	
Work with other providers to reduce transportation costs.	
Coordinate doctor appointments with other transportation needs	
Work to find options for AFH OO and other providers to lower health insurance costs.	
Continue to have strong staff retention strategies including health insurance to prevent turnover.	

Question 3 – Priorities	Status
Treat Providers as partners <ul style="list-style-type: none"> • Have more meetings like today • Provide training/inform providers of CCCW policies/continuing education 	
Don't penalize provider for improved client status	
Rates should be more accurately match the services being provided <ul style="list-style-type: none"> • More flexibility in how we contract for service – individualize agreement based on member's needs 	
Work with providers to keep vacancies down <ul style="list-style-type: none"> • Maximize census 	
Eliminate unnecessary services and unreasonable demands from member/family	
Provider agency access to online authorizations (view and print)	
Provide support to residential providers around transportation needs <ul style="list-style-type: none"> • Most cost effective options • Co-op ideas • Grants 	
Allow movement within provider system	
Reduce frequency in changes of SW and RN <ul style="list-style-type: none"> • Utilize CCCW staff expertise 	
Evaluate living settings for cost effectiveness and appropriateness	
Advocate to DHS about changing the RN requirements.	
Streamline residential referral process	
Value members by valuing providers – a true partnership	
Need more consistency across everything	
Clarify Provider Expectations <ul style="list-style-type: none"> • E.g. low-acuity rate individuals – supervision, transportation 	
Question 3 (Ideas for all groups)	Status
Increase referrals to meet capacity <ul style="list-style-type: none"> • Work with providers to maximize census and understand residential process 	
View providers as knowledgeable, equal partners <ul style="list-style-type: none"> • Have more meetings like today • Treat providers as partners 	
Don't penalize provider for improved client status.	
Collaborate to develop BSP's <ul style="list-style-type: none"> • Streamline with BSP process and approval 	
Allow movement within provider system	
Be flexible and allow for time limited \$ for change in conditions	
Improve communication <ul style="list-style-type: none"> • From IDT to providers • Clarify provider expectations for low rate individuals (supervision, transport, etc) • Eliminate "gotcha) attitude from IDT – fear factor. 	

Rates <ul style="list-style-type: none"> • Rates set on annual basis to allow for budgeting • More flexibility in how we contract for services – individualize agreement based on member’s needs. • Rates should more accurately match the services being provided. 	
Provider agency access to online authorizations (view and print) <ul style="list-style-type: none"> • Inform providers of CCCW policies for authorizations 	
Streamline residential referral process	
CCCW provider free training or reduced fees, state required and others.	
Assist with locating/negotiating rental properties	
Facilitate social outings. Help providers partner to host and participate.	
Eliminate unnecessary services and unreasonable demands from member and family.	
Require more family involvement and support.	
Evaluate living setting for cost effectiveness and appropriateness.	
DQA regulations <ul style="list-style-type: none"> • Change sprinkler requirements. 	
Facilitate meetings around Co ops for health insurance	
Transportation <ul style="list-style-type: none"> • Provide support to residential providers on options. • More cost effective options • Co op ideas • Grants 	
Advocate to DHS about changing the RN requirement.	
Review Audit requirement to consider financial impact.	
Be able to utilize CCCW staff expertise	
Don’t change SW/RN frequency	
Functional screeners make appointments with the appropriate people and have facility input. 30 day notice and f/u with screen results.	
Train CCCW staff <ul style="list-style-type: none"> • Inconsistency in answers/results 	
Quicker and more accurate response to questions – addressing issues	

Residential Provider Forum

Wednesday May 4th

Stevens Point 5:30-8:30pm

Attendees: Dan and Bobbie Sparks/Smiling Faces AFH, Jon Koepke/Harmony, Pam Swope/4U Adult Day Care, Amy DeMaio/MIS, Ryan Parys/MIS, Susan Firkus/AFH

Question 1 – Priorities	Status
Online/electronic processes/communication <ul style="list-style-type: none"> • Authorization, forms, communication w/CCCW staff 	
Bring claims/payment back to CCCW – Not with WPS	
Standardize services per provider type (fully encompassing)	
Use team approach, all handled through one person or grouping – instead of going from person to person or department to department.	

Re-evaluate of resource distribution for RN – not always needed	
More hands-on nursing services (such as B12 injections)	
Question 1 (Ideas for all groups)	Status
More timely authorization	
RN role <ul style="list-style-type: none"> • Re eval resource distribution of RN's not always needed • RN provide delegation role for residential providers personal care. 	
Bring claims/payment back to CCCW – not with WPS.	
Increase caseloads to IDT	
More hands on nurses for nursing services (such as Vitamin B 12 injections)	
Standardizing services per provider type (full encompassing)	
Have a radius for transportation to doctor visits or any other services.	
Coordinate carpooling – possibly a spot on a website to hook up with others.	
Use team approach, all handled through one person or one grouping – instead of going from person to person	
On line authorization – electronic vs. paper <ul style="list-style-type: none"> • Online communication w/forms, etc. • Authorization expiring – timeliness get tight • Yearlong authorization 	
New referrals – less prescriptive of cares and supervision when starting services. Allow for creativity or providers start with outcomes vs. care needs <ul style="list-style-type: none"> • Assessment – be given more information, an opportunity to observe the person. 	
One team per facility	

Question 2 – Priorities	Status
Staff costs and Training – Work Collaboratively with other providers <ul style="list-style-type: none"> • Turnover • Certification processes (fire safety, first aid) • Centralized • Quality • Local • Effective • Quick/Timely (e.g. webinar) • Providers rotate hosting/sponsorship • CCCW provides/supports trainings 	
Information sharing on cost drivers <ul style="list-style-type: none"> • Health insurance • Community offerings • Housing – shifting of liability of lease/mortgage • Capacity 	
Meet all or multiple needs of a member in facility	
Providers accepting rates they need, not excessive	
Utilize natural supports more or expectation of some, if available	
Question 2 – (Ideas from all groups)	Status:

Consolidate pricing and vendors <ul style="list-style-type: none"> • Common vendors • Price negotiation for supplies • Resource sharing – look at donations (home depot) • Discount negotiated at a certain store. Volume discounts 	
Information sharing <ul style="list-style-type: none"> • Health insurance benefits • Community offerings • Housing – shifting liability of lease/mortgage to MCO • Capacity 	
More time to react adjust to changes in expectations on providers including rates or changes (example: state acuity tool)	
Staff cost and training <ul style="list-style-type: none"> • Work collaboratively with other providers • Centralized • Quality • Local • Effective • Webinar • Certification process i.e. fire safety, first aid 	
DQA <ul style="list-style-type: none"> • Regulatory changes 	
Consistency in products <ul style="list-style-type: none"> • Incontinence products by one kind, less delivery costs 	
Transportation <ul style="list-style-type: none"> • Collaboration pool, pay in and get a certain product. Sam's club model 	
Local Psychiatrist	
Utilize, maximize other government programs i.e.: food stamps	
Providers meet members needs <ul style="list-style-type: none"> • As a provider meeting all needs or multiple needs • Base residential on member needs not standard staffing patterns • Don't just fill a bed – match compatibility 	
Utilizing natural supports more or expectation of some if they have it available.	
Utilize RN for services instead of taking to doctor	
Provider accept rates needed, not excessive	

Question 3 – Priorities	Status:
Training costs <ul style="list-style-type: none"> • Offer training calendar on cccw website • Offer trainings at neutral site and on a timely basis (every two weeks) • If can't do on your own, maybe somewhere else • Utilize the university • Each provider take responsibility for a certain month/week and sponsor the training other providers utilize. 	

Filling Vacancies	
Information Sharing <ul style="list-style-type: none"> Website clearing house Develop list - negotiate a discount for CCCW contracted providers 	
Open, honest communication – Good communication	
More provider education – provider specific and also cccw processes. Affordable and accessible	
Electronic/Web-based resources	
Question 3 (Ideas from all groups)	Status:
Consistency among MCO's – state standards	
Information sharing – website clearing house, develop the list, negotiate a discount (gasoline discounts)	
Training <ul style="list-style-type: none"> Offer trainings at neutral site and in timely manner Utilize the university Each provider take responsibility for a certain month/week and sponsor the training other providers need. Offer a training calendar on our website Affordable 	
Utilizing RN's in a nurse role	
Filling vacancies	
Networking between IDT before asking for assessment o place member in same home	
Open, honest communication – good communication	
More provider education <ul style="list-style-type: none"> Provider specific and CCCW processes 	

Residential Provider Forum Thursday, May 5th

Wisconsin Rapids 12:30-3:30pm

Attendees: Deanna MacMillian/AFH, Diane Pabst, Vicky Finup/AFH, Julie Josephitis, Kim Nowak/Pineridge, Sandy Miller/Pine Ridge, Gail Hancock, Cal Whetstone/Advantage Home Care, Emily Smith/River City Estates, Glenn Draxler/River City Estates, Nathan and Joan Kronstedt/AFH, Chris Wal/Clarity Care, Donna Smrz/AFH, Janet Allworden/CCLS, Anita Whetstone/Hilltop, Mitchell Bain/Hilltop, Darla Kenler, Linda Weinzinger/The Reniaiasance, Lisa Bechard/Arbor Wood Lodge, Antonia Segovia/AFH, Chris Howard/Brown's, Terry Howard/Brown's Assisitive Living, Maria Dolph/Our House

Question 1: Priorities	Status:
Open discussion with members related to costs. Of services during choice options – Utilize cost effective service.	
Evaluate members for medical needs to determine if or the amount of RN case management needed. <ul style="list-style-type: none"> Duplication if facility has RN 	

Evaluate need for both RN and SW to make all visits together.	
Have IDT complete Functional screen – streamline the process and have more accurate screens	
Better Coordination of staff case assignments based on geographical location- save time and transportation costs.	
More referrals to lower cost facilities	
Shorten time/process from nursing home to residential for CCCW members	
Identify/Audit facilities that are able to support/maintain member at initial rate (avoid accepting one rate and asking for more \$ shortly after admission)	
Increase Caseloads for RN and SW	
Use and embrace technology in programs. Advocate to DHS to use virtual technology.	
Streamline authorization process to minimize # of authorizations. Use longer time period.	
Limit number of teams in facilities	
Question 1: (Ideas from all groups)	Status:
Shorten process from nursing home to residential for CCCW members	
Use technology and embracing technology in programs. Advocate DHS to use virtual technology.	
<p>Authorizations</p> <ul style="list-style-type: none"> • On line authorizations for providers • Streamlining authorization process to minimize # of auths generated. (longer authorization time frame) • Authorizations to end of month/reauthorization and continuation with the same authorization number 	
<p>Evaluate if departments/functions can be centralized</p> <ul style="list-style-type: none"> • Consolidate offices • Less middle management • Reduce number of CCCW offices save overhead costs. • Centralize core functional MCOs operations (e.g. billing, HR, etc) 	
Evaluate if administrative salaries are in line with industry standards.	
<p>Reassess caseloads. Use RN's only when needed for members.</p> <ul style="list-style-type: none"> • Evaluate members for medical needs to determine if or the amount of RN case management needed. • Consolidate team visits to multiple members at same/close locations. • Duplication of RNs when facility has RN • More hands on role of CCCW RN • Less visits to facility by RN • Elimination duplication 	
Work with DHS to reimburse adequately.	
Train smaller providers to provide care to higher needs members	
<p>Increase caseloads of service coordinators.</p> <ul style="list-style-type: none"> • Base caseloads on acuity • Assess if member needs both team members (SW/RN) • Providers evaluate RN an SW related to quality. • Need for both SW and RN to make all visits together 	

<ul style="list-style-type: none"> • Better coordination of staff case assignments based on geographical location (save time and transportation costs) • Less visits by service coordinators to facility – save time and travel • Assign one service coordination team to a facility 	
Review and evaluate living situation regularly for most appropriate (4 bed daytime coverage?)	
Use residential as a “stepping stone” to more independent setting	
Have IDT complete functional screens <ul style="list-style-type: none"> • Streamline the process • More accurate screens 	
Open discussion with members related to cost of service during choice options. Utilize the most cost effective service.	
Audit which facilities are able to support/maintain member at initial rate. (Avoid accepting at one rate and asking for more money shortly after admission)	
Cost share based upon room and board for different types of facilities (quality monitoring)	
Division of duties for additional cost to facility/provider	
Electronic similarities to maximize time for duplication of record/information requests	
Limit number of teams in facilities	
Review provider best practices lower cost effective equipment	
Contract with multiple MCO’s and the need for the same documents	
Liaison ADRC and CCCW to provider program information/operational component	
“Black Market” facility monitors DMS orders.	
More referrals to lower cost settings	
Better communication with providers – especially with small facilities	

Question 2: Priorities	Status:
Look for group discount	
Waive financial audit	
Use of technology – electronic record keeping	
Carpool to services and activities	
Partnership with DQA regarding regulations	
Advocate to our legislators Re: family care	
Double Occupancy	
Assess staffing patterns	
Pool provider groups for employee benefits	
Increase program sizes – residential	
Look at and evaluate everything that our agency does/provides (including personnel, training, benefits, programs)	
Regular communication with CCCW staff	
Better Communication Re: DMS ordering	
Question 2: (Ideas from all providers)	Status:

Size of facility <ul style="list-style-type: none"> Economy of scale Double occupancy Increase size of residential facilities 	
Transportation <ul style="list-style-type: none"> Shared transportation among providers Schedule transportation days for medical appointments and outings Good utilization of time travel set minimum # of hours Carpool to services and activities 	
Assess staffing patterns	
Standardized menu	
Pool provider groups for employee benefits	
More involvement from informal supports	
Use of technology – <ul style="list-style-type: none"> Electronic recordkeeping 	
Centralize departments	
Reduce or eliminate over times <ul style="list-style-type: none"> Monitor and reduce travel time 	
Partnership with DQA regarding regulations	
Consolidate branch offices <ul style="list-style-type: none"> Allow staff to work at home 	
Wage freezes	
Waive audit (financial)	
Shop around for insurance (liability and workers comp)	
Efficient energy usage <ul style="list-style-type: none"> Use “green” energy – access rebates Utilize “off peak” energy rates 	
Look for group discounts	
Only take members the facility can provide transportation for	
Regular communication with CCCW staff	
Better communication regarding DMS ordering	
Look at and evaluate everything that our agency does/provides <ul style="list-style-type: none"> Including personnel, training, benefits, and programs 	
Collaborate with other like providers to review best practices for cost effectiveness.	
Reevaluate placement of individuals (is there a better fit elsewhere?)	
Empower staff to take ownership for cost saving	
Advocate to our legislators re: family care	

Question 3: Priorities	Status:
CCCW network arrange/offer/ID group discounts for provider (e.g. bubble packing w/pharmacies, liability insurance, groceries) – purchasing power	
Keep facilities full	
Better education for clients/member prior to enrollment	
CCCW provides audit services	
Fine tune acuity scale to more accurately reflect member needs (specialized diet, etc)	

Coordinate with providers to reduce frequency and expectation of travel (multiple pick up and drop off at ODC)	
Communicate Information through provider link on CCCW website	
Improve communication between providers and CCCW	
Incorporate more provider knowledge and experience into member care planning	
CCCW should have lobby voice at state to advocate for family care program.	
CCCW works with provider associations regarding pooling of employee benefits	
Listen to provider for assessment	
Educate IDT on provider Expectations	
Question 3 (Ideas for all Groups)	Status:
<p>Communication</p> <ul style="list-style-type: none"> • Better communication when staff changes • Communicate PN info through Provider link on CCCW website • Improve communication between CCCW and providers • Incorporate more provider knowledge and experience into member care planning and assessment 	
<p>DQA support</p> <ul style="list-style-type: none"> • Advocate for regulation change with providers 	
<p>Trainings</p> <ul style="list-style-type: none"> • Offer trainings to providers to meet regulatory requirements 	
<p>Purchase supplies as a group to assist with better costs.</p> <ul style="list-style-type: none"> • Establish relationship with retailers to offer CCCW provider discounts • Arrange/offer group discounts for CCCW providers (bubble packaging with pharmacy, liability insurance, grocery) 	
Fine tune acuity scale to more accurately reflect member needs	
<p>CCCW work with Provider Associations</p> <ul style="list-style-type: none"> • Pooling employee benefits • Best practices 	
Better education for clients/members prior to enrollment	
CCCW provide audit services	
Coordinate with providers to reduce frequency and expectation of travel: (multiple pick up and drop off to ODC)	
Facility could provide more input related to DMS product ordering	
CCCW should have lobby voice at State to advocate for Family Care Program	
<p>Technology</p> <ul style="list-style-type: none"> • Assist with partnering for technology and changing services • Create technology 	
Keep facilities full	
Reward for stabilization of member – not decrease rate	
Educate IDT on provider expectations	

Attendees: Sue Tyykila/AFH, Judy Krause/AFH, Karen and Len Olson/ooAFH, Rita Mahner/Bethesda, Nancy Schroepe/Bethesda, Lori Miller/Bethesda, Julie Steinmetz/AFH, Mark Conboy/OOAFH, Julie Weber/Our Way, Lori Lemke/Bethesda, Dawn Ives/Belltower, Sue Hawkins/Our Way

Question 1: Priorities	Status
Streamline order/deliver process (prefer to do as a provider)	
Have a single point of contact – would improve communication	
Role and purpose of RN – Clarity <ul style="list-style-type: none"> • Look at member need • Residential vs. non residential • Consult on an as needed basis 	
Clarification of expectations for AFH's including medical updates	
One consistent IDT per facility/provider agency	
Streamline paperwork processes <ul style="list-style-type: none"> • Duplicative requirements – care planning and billing • Paperwork not member driven 	
Re-evaluate the bundling of transportation in residential rate.	
Ensure that care meetings are scheduled with the most knowledgeable person – consider provider when coordinating meeting dates	
Have one person on the care team	
Question 1 (Ideas from all groups)	Status:
Send RNSC and SWSC together 2x/year	
Streamline order/delivery process (prefer to do as provider – not IDT)	
Minimize travel/maximize technology	
Identify closer IDT to actual location of member	
One consistent IDT per facility/provider agency	
Reuse/recycle supplies and equipment by requesting it back from providers when no longer used.	
Streamline paperwork processes <ul style="list-style-type: none"> • Duplication requirements with care planning and billing 	
Too many people to call – just call one person <ul style="list-style-type: none"> • One person as point of contact – would take less time with communication 	
Role and purpose of RN <ul style="list-style-type: none"> • Clarity, look at need by member • Residential vs. non residential • Have one person on a care team – have RN to consult with member when needed. Not every member needs an RN i.e. when a facility already has an RN or if they have a doctor/RN they already work closely with • Inventory monitoring – not done by RN's that are paid a lot of money 	
Facilitate better communication between providers <ul style="list-style-type: none"> • Better communication of organization objectives 	

Clarification of expectation of AFH's including medical updates	
Too much paperwork <ul style="list-style-type: none"> Paperwork not member driven 	
Re look at requirement of bundling transportation in residential	
Ensure that the care meetings are scheduled with the most knowledgeable person. Take into consideration providers schedules when coordinating meetings	
Have one case manager for each facility – will save time by having less meetings	

Question 2: Priorities	Status
Give providers a list of where items can be purchased at less cost – could be accomplished through quality council (provider)	
Purchase items in bulk and sell to providers at reduced rate (cost) – nutritional supplements, gloves, etc	
Adjust staffing <ul style="list-style-type: none"> Eliminate positions Cut hours 	
Increase utilization of technology <ul style="list-style-type: none"> Email, video conferencing, 800#, toll free calls 	
Provide own transportation rather than purchase – look at other transportation ideas	
Form an AFH support group for training, ideas, meetings	
Eliminate 1:1 services to members by paid staff	
Re-evaluate costs/expenses – are there different, more cost effective plans that could be considered.	
Question 2: (Ideas from Group)	Status:
Flexibility of use of member money	
Provide own transportation rather than purchase <ul style="list-style-type: none"> Look at other transportation ideas 	
Involve members in community activities	
Trainings <ul style="list-style-type: none"> Form an AFH support group for training ideas Provide required trainings CPR/First Aide 	
Eliminated full time positions and health insurance <ul style="list-style-type: none"> Some providers have already done this Adjusted staffing Eliminated full time positions Cut hours 	
Reevaluate your costs/expenses – are their different, more cost effective plans that could be considered.	
CCCW purchase items in bulk and sell to providers at a reduced rate (thick it, gloves, supplements)	
Give providers a list of where items can be purchased at less cost – could be accomplished through quality council	

Eliminated 1:1 services to members by paid staff <ul style="list-style-type: none"> Utilize volunteers 	
Increase utilization of technology <ul style="list-style-type: none"> Email, video conferencing, use 800 numbers 	

Question 3: Priorities	Status:
CCCW comes up with provider group health insurance plan that providers can purchase from CCCW	
Pull transportation out of bundled services – CCCW could find efficiencies by doing all	
CCCW purchases items in bulk and sells to providers – centralized inventory	
Want more information on CCCW/Family Care philosophy and general information	
Inform providers of technology available <ul style="list-style-type: none"> Webinars, video conferencing, secure email 	
Share a list of what is covered by family care	
Provide support as requested and as able to AFH support group	
Give information on community resources <ul style="list-style-type: none"> Informal supports (e.g. loan closets) 	
Reduce number of meetings and/or consolidate meetings whenever possible	
Question 3: (Ideas from all groups)	Status:
Provide a copy of what is covered by Family Care	
Pull transportation out of bundled services <ul style="list-style-type: none"> CCCW would find efficiencies by doing all transportation 	
Support group for AFH providers	
Advocate for changes to what members can pay for on their own.	
Have CCCW contact vendors for more cost effective products (gloves, thick it, ensure) <ul style="list-style-type: none"> Provide the list of discounted products to providers CCCW buy in bulk and sell to providers – centralized inventory Make providers aware of what types/brands of supplies are available, including pharmacies, trans, etc. 	
Reduce number of meetings and/or consolidate meetings when possible	
CCCW come up with provider group health insurance plan that providers can purchase from CCCW.	
Training opportunities <ul style="list-style-type: none"> Online Pamphlets mailed Site for providers to post their training info to allow other providers to contact for their training needs 	
Inform providers of technology available <ul style="list-style-type: none"> Webinars Video conferencing Email – secured 	
Give information on community resources and informal supports (loan closets)	

<ul style="list-style-type: none"> Identify volunteer agencies to assist 	
Easier process to hold/restart supply orders	
Inform providers about CCCW policies (returning unused supplies)	
More information on CCCW/FC philosophy and general info	

Residential Provider Forum

Friday, May 6th

Antigo

1:30-4:30pm

Attendees: Deb Thom/OOAFH, Frank Sus Jr/Eight Reasons Group Home

Question 1: Priorities	Status
DME/DMS supplies <ul style="list-style-type: none"> Contract local in Wisconsin Over delivery of supplies to the home 	
Multiple evaluations at enrollment (4). Are they all needed	
Vacancies – keep beds full	
Evaluate cost effective of placement <ul style="list-style-type: none"> Independent living vs. AFH/CBRF 	
Evaluate outcomes of members to determine frequency of day services/prevocational	
Question 2: Priorities	Status
Community Activities (volunteer) <ul style="list-style-type: none"> Example: bible study 1x week on Tuesday night 25-35 adults with disabilities attend 	
Provider Trainings <ul style="list-style-type: none"> Currently pay to use NCHC 	
Question 3: Priorities	Status
Offer providers resources or other providers for skill trainings for members <ul style="list-style-type: none"> Learn appropriate community interaction 	
Training <ul style="list-style-type: none"> On monthly or quarterly basis Local CD (burn a CD option for training at facility) 	
Transportation <ul style="list-style-type: none"> More cost effective options or CCCW provide. Coordination between providers 	
Review member Med D plan or other options to cover bubble packaging.	

Attendees: Justin Rohde/CCLS, Sue Hawkins/Our Way, Gary Sweet/A la Carte Care, Vicky Gunderson/GT Financial

Question 1: Priorities	Status:
Consistency with expectations of providers	
Creating more efficient ways for providers to give input without attending all meetings	
Better communication with new providers and all providers	
Don't have both a SW and RN unless needed. Or parts of the process only send one.	

Question 2: Priorities	Status:
Online or free training <ul style="list-style-type: none"> • Satellite training and offering more 	
Have CCCW assist with trying to get group insurance	
Effective coordination/time limits	
Putting members on same service and having IDT support this. Opportunity for members to go with group. (Group SHC at a reduced rate)	
Cut wages and benefits of staff	
Using company vehicles	
Make one providers training available to other providers	

Question 3: Priorities	Status:
Regional meetings/networking with providers	
Provide affordable insurance for providers	
Loot at professional liability insurance related to auto and options	
Pay accordingly if mandated for insurance, etc.	
How can CCCW make training known <ul style="list-style-type: none"> • Certificate for continuing education • Low cost • Local 	

Attendees: Charlie George/Lincoln Industries, Nancy Schroepfer/Bethesda Opportunities Unlimited, Shirley Stampf/Bethesda, Carol Ulrich/ODC, Seth Boodle/Aurora vocational, Chris Marion/NV West, Tim Wunich/NV West, Paul Rice/CIC, Len T/Clark County Health Care Center, Terri Kischel/Northern Valley Ind, Chrissy Seidler/NCHC Voc. Services

Question 1: Priorities	Status:
Management levels within CCCW <ul style="list-style-type: none"> • Reduce management positions example: trans manager • Comparable wages/benefits to CCCW as providers pay 	
Role of RN <ul style="list-style-type: none"> • Does the RN need to be a part of the IDT • RN brought in when member needs it • RN take on more direct service role 	
Functional Screens <ul style="list-style-type: none"> • LTCFS is a duplication of services • Provider complete and get paid for completion of LTCFS • ADRC complete functional screen 	
Do not encourage low balling on rates between providers. Encourage partnering relationships	
Organization structure – combine positions	
Put policies in place <ul style="list-style-type: none"> • Info on payment sources and available payers 	
Streamline the communication lines	
Multiple people to contact – use technology	

Question 1: Info from all groups	Status:
IDT (RN and SW Role) <ul style="list-style-type: none"> • Does the RN need to be a part of the IDT • Why both RN and SW? • Role of RN? Specialized to need of member • RN provide more direct roles – acute care 	
CCCW structure and Management <ul style="list-style-type: none"> • Decrease staff members • Duplication of roles (ex. Cleaning and support staff, are they needed) • Reduce Management example: transportation manager • Organizational structure – combine positions • One centralized CCCW office, with IDT working from home • CCCW staff furloughs • Comparable wages/benefits as providers are able to provide, e.g. Health insurance. Reevaluate wage and benefits of CCCW staff • Was it necessary to replace furniture/computers already available in some offices? 	
Functional screen	

<ul style="list-style-type: none"> • Functional screeners are a duplication in role • Qualification does not match job role • Provider get paid and complete the functional screen • Screen being completed by ADRC 	
Eval : identify a vocational outcome	
Training cost	
Authorization <ul style="list-style-type: none"> • Electronic available • End mid month authorizations 	
Understanding effective of service authorized	
Other roles providers could take on	
Limits, or budget caps to service plans	
Use of technology to save money in transportation (Skype)	
Coordinate visits to serve many members in one trip (by provider)	
Streamline the communication lines <ul style="list-style-type: none"> • Multiple contacts/hoops 	
Reporting requirements <ul style="list-style-type: none"> • Look at need for mandatory 6 month prevoc report • Look at incident reporting needs 	
Do not encourage low balling on rates between providers <ul style="list-style-type: none"> • Encourage partnering relationships 	
Coordinate transportation of members <ul style="list-style-type: none"> • Eliminate cost of cab/bus by asking IDT to transport members 	
Use blended funding w/DVR instead of two different entities	
Put policies/procedures in place <ul style="list-style-type: none"> • Re: info on payment sources and available payers 	
Eliminate cost of cab/bus by asking IDT to transport members	

Question 2: Priorities	Status:
Technology for cost effective <ul style="list-style-type: none"> • Travel, training, staff time • Update database to eliminate mailing, eliminate paper and extra steps 	
Cross training staff <ul style="list-style-type: none"> • Challenging assignments • Maintain job satisfaction – team building 	
Promoting partnerships with other providers and community resources <ul style="list-style-type: none"> • Transportation • Energy audits 	
Involve all staff on cost awareness	
Increase volume of participants during current hours of operations.	
Relook at typical way of doing SE <ul style="list-style-type: none"> • Follow along, fading completely 	
Provide less services <ul style="list-style-type: none"> • Hours, however decrease in quality services 	
Increase contracts/expand services <ul style="list-style-type: none"> • Take more contracts to serve more people 	

<ul style="list-style-type: none"> • Expand and tailor services to increase/monitor census • Created recycling program to save money 	
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Question 2: Info from all groups	Status:
Staff reductions <ul style="list-style-type: none"> • Wages, hours, number of staff • Wage freezes, cut in wages or hours for staff • Reduce staff benefits 	
Support from the community – non profit <ul style="list-style-type: none"> • Fund raising 	
Provide less services <ul style="list-style-type: none"> • Less hours • Decrease in the quality of services 	
Looking at how to more effectively/efficiently deliver the services	
Technology to allow for cost effective <ul style="list-style-type: none"> • Less travel • Training • Less staff 	
Training <ul style="list-style-type: none"> • Technology • Cross training staff, challenging assignments, teambuilding • Joint training opportunities 	
Less people with high needs referred	
More drop in type of programming <ul style="list-style-type: none"> • Less structure 	
Energy audits	
Sold equipment	
Put off purchase unless safety related	
Co-locating with other/providers <ul style="list-style-type: none"> • Share resources • Promoting partnerships with other providers and community resources e.g. transportation 	
Created recycling program to save money	
Selling off assets/land	
Expand services <ul style="list-style-type: none"> • Expand and tailor services to increase/monitor your census • Take more contacts to serve more people • Increase volume of participants during current hours of operation 	
Black and white copies vs. color – involve all staff on cost awareness	
Centralized purchasing/ordering of supplies	
Centralized printing/copying	
Update database to eliminate mailing, update processes, eliminates paper and extra steps, time saving	
Relook at typical way of doing SE follow along <ul style="list-style-type: none"> • Fading completely 	
Reorganizing how I hire staff <ul style="list-style-type: none"> • Hire job coach as part of contact/work crew vs. provider employee 	

(union staff)	
Look at organizational structure of provider agency	

Question 3: Priorities	Status:
Change the philosophy that certain cost effective options are not supported <ul style="list-style-type: none"> • Prevocational vs. sheltered work 	
Ensure no further reduction in care	
More training from CCCW <ul style="list-style-type: none"> • Restrictive measures, disability related • Combine to all to decrease costs • Combine providers • Use Skype type technology • Offer at time more staff can attend 	
CCCW purchase technology equipment <ul style="list-style-type: none"> • Video equipment, paperless auth, centralized computer system 	
Communicate needs to providers for opportunity of provider expansion	
CCCW would facilitate inter provider communication <ul style="list-style-type: none"> • CCCW hub to share info between providers • Email List serve • Facilitate provider meetings – best practice 	
Take provider feedback <ul style="list-style-type: none"> • Re: changes imposed on MCO's back to DHS/Decision makers. 	
More consistency between CCCW IDT <ul style="list-style-type: none"> • Re: MCO policy procedures 	

Question 3: Info from all groups	Status:
Explanation of philosophy (i.e. Why ADS or SE over prevoc?)	
Creation of clearer expectations of providers	
Take provider feedback re: changes imposed on MCO's back to DHS/decision makers	
More consistency between CCCW IDT re: MCO policy and procedures (different ways of supporting members than are typical)	
Technology <ul style="list-style-type: none"> • Increase use of technology by both providers and members (email, videoconferencing) • Purchase the technology equipment (video conferencing, paperless auths, connected computer system) 	
Increased cooperation and trust of providers	
Ensure no further reduction in care <ul style="list-style-type: none"> • Freeze service cost • Receive authorization amount or something to offset expense that are no fault of provider • Payment based on capacity vs. hourly member specific • Pay per slot 	

Limit the amount of services based on care needs of member	
Change the philosophy of providing service types of services.	
<p>Model is bad</p> <ul style="list-style-type: none"> • Allow flexibility • Sheltered vs. community 	
<p>Training</p> <ul style="list-style-type: none"> • More training from CCCW • Combine providers to allow decrease in costs • Offer when more staff are able to attend • Use Skype/technology • Include disability related topics 	
<p>CCCW hub to share info between providers</p> <ul style="list-style-type: none"> • Email list serve for providers • Facilitate provider communication/meetings to develop best practices 	
Promote energy audits to all providers	
<p>Share information about member needs</p> <ul style="list-style-type: none"> • Provider network capacity for opportunities of expansion. 	

DRAFT

Attendees: Chris Enslin/Recover Health, Cathy Ricaby/Aspirus VNA Extended Care, Betty Reinke/Career Development Center

Question 1: Priorities	Status:
Have MCO's share resources	
Business Model – <ul style="list-style-type: none"> All home visits in one area/town Utilize technology 	
Payment structures based on getting members more independent/Tiered system	
Allow family to pay for items if able instead of CCCW paying (ex: OTC)	
CCCW RN/SW role <ul style="list-style-type: none"> RN's for CCCW having more hands on care RN and SW not needed for every member 	
Cost effective vs. Choice/Balance	
IDT measured on outcomes <ul style="list-style-type: none"> Hold providers accountable for member outcomes. 	
Contract out services instead of personnel costs	
Efficiencies with referrals – use same provider for one area.	
Provider communicates if member is being over served (CCCW eyes). Example: Not using equipment, not accepting services authorized	

Question 2: Priorities	Status:
Down sized and staff wear more than one hat. Look at positions and reorganize.	
Providers working together for services	
Sub capitation contracts	
Using technology to communicate	
Keep workers in geographic location – including rural towns	
University students – Interns <ul style="list-style-type: none"> Lower pay rate or free Marketing students, IT, Sales, SW, and Voc Rehab 	
Look at all revenue sources/Customers <ul style="list-style-type: none"> Events, All Insurance, Vocational \$ from businesses 	

Question 3: Priorities	Status:
Using technology – Skype, webcam <ul style="list-style-type: none"> Good communication 	
Provider forums service specific regularly/quarterly	
Utilize information from forums	
CCCW visit providers inside and outside region/proactive	

Attendees: Justin Rohde/CCLS, Leslie Smith/CIC, Carol Ulrich/ODC, Kerri Matz/, Ann Egge/Park Place ADS, Sue Martens/ADRC Portage County, Sara Satterfield/Opportunity Inc, Jon Potter/Opportunity Inc. , Pam Swope/4U Adult Day Service, Terri Bollinger/Aurora Vocational Services, Sara Riedel/Companion Day Services

Question 1: Priorities	Status:
Ask current provider to be a part of solution before looking at another provider <ul style="list-style-type: none"> Maximize strengths e.g. showers, hair, nail care, daily living skills 	
Consistent communication/process across IDT <ul style="list-style-type: none"> Coordinate 6 month review – share plans 	
Make sure CCCW wages and benefits are reflective of what providers are able to pay employees. (CCCW pay larger % of benefits than providers can afford)	
Streamline transportation for members <ul style="list-style-type: none"> Can members live closer to centers and decrease transportation costs 	
Assess cost of being home with services vs. going to day services	
Increase training <ul style="list-style-type: none"> New staff orientation Caregivers DQA training requirements for licensed settings 	

Question 1: Info from all groups	Status:
Training <ul style="list-style-type: none"> Increase training across the board New staff orientation caregivers 	
CCCW provide direct services	
Educate all stakeholders on importance of schedule and budgeting – absenteeism rate	
Increase utilization of ADC because it is cost effective – keep members at home	
Consistency <ul style="list-style-type: none"> Consistent process/communication across all IDT Coordinate 6 month reviews Share the member plan, all work toward same goal Consistency of expectations Develop assessment tool for consistency 	
RN role <ul style="list-style-type: none"> Continue use of RN for preventive/quality care role Do all members need a nurse and SW – do they both need to be at all meetings, car pool Home health RN role and CCCW role? Duplication of roles? 	

Acuity based rates and tiers in ADS	
Support unpaid caregivers <ul style="list-style-type: none"> Value their role Review respite policy 	
Look at AFH role in day programming – duplication for residential and day services	
Ask current providers to be part of solution before looking for other providers <ul style="list-style-type: none"> Maximize current providers strengths 	
Avoid mid year contract changes	
Authorization process <ul style="list-style-type: none"> Streamline authorization process No mid month authorization Make sure service authorization is accurate. 	
Technology <ul style="list-style-type: none"> Use electronic vs. paper (standardized forms, no mailing) 	
Develop assessment for rate structure	
Make sure wages and benefits are reflective of what providers are able to pay employees.	
Sponsor provider fairs <ul style="list-style-type: none"> More info to members Less time for case managers 	
Streamline transportation for members	
Incentive payment for natural unpaid supports to provider – if they facilitate	
Can members live closer to center to decrease costs for transportation? <ul style="list-style-type: none"> Evaluate why out of town? 	
Make sure that any reduction of services or cost efficiencies does not result in more problems for the member.	
Run own programs vs. contracting out – may decrease cost	
Reduce member services (1/2 days vs. full days)	
Assess cost of being home with services vs. going to day services	
Make sure CCCW admin costs are reflective of not-for-profit standards and hold. And assure there is not an unnecessary layering of admin services.	

Question 2: Priorities	Status:
Expand types of services provided <ul style="list-style-type: none"> RN on site, PT, classes, support groups, Prevention programs 	
Streamline staff responsibilities – cross train all staff	
Utilize volunteers <ul style="list-style-type: none"> Senior employment, interns, W2, students, RSVP, Retired teachers 	
Maximize other funding sources <ul style="list-style-type: none"> Grants, United Way 	
Have more members at group rate vs. 1:1	
Higher staff to member ratio <ul style="list-style-type: none"> Larger groups for community integration 	

Question 2: Info from all groups	Status:
Set up natural supports or pay a stipend for support to the member in the community	
Drop-in vs. a program	
Streamline staff responsibilities <ul style="list-style-type: none"> • Cross train all staff 	
Utilize more community supports <ul style="list-style-type: none"> • University partnering • Mutually beneficial • Utilize volunteers : senior employment, interns, W2, etc. 	
Higher staff to member ratio, larger groups for community integration	
Share cost or reduce long distance outings	
Have more members at a group rate vs. 1:1 <ul style="list-style-type: none"> • Decrease staff time and costs 	
Analyze member's needs on an ongoing basis and adjust services – inform IDT (up or down)	
Raise more of our own funding to support and enhance services <ul style="list-style-type: none"> • Maximize other funding sources – grants, united way 	
Discontinue provision of higher need services	
Wage freezes and decrease benefits	
Collaborative effects with other provider groups <ul style="list-style-type: none"> • Transportation, activities, outings 	
Have On-call staff so your staffing reflects members that come each day	
Combine different services <ul style="list-style-type: none"> • Laundry as day services, shopping at day services vs. additional SHC 	
Be honest – if not a good fit or service not appropriate or member doesn't need call IDT	
Expand types of services provided	
Reminding members of cost of unused service and encourage using what they need.	
Wellness focus for staff and members	
Quality interventions preventing increase in care needs <ul style="list-style-type: none"> • Exercise • Engaged activities 	
Creative staffing patterns <ul style="list-style-type: none"> • On call subs • Cross training 	

Question 3: Priorities	Status:
Define quality expectations and best practice for providers <ul style="list-style-type: none"> • Pay for performance • Encourage/expect active treatment and high standards 	
Share the risk of “no shows”. Providers don't get paid even though they have the staff.	
Share CCCW needs with providers to maximize capacity/census	
Define communication expectations of IDT	

<ul style="list-style-type: none"> • Integrated care plan • Communicate care plans (MCP) to providers relevant today services 	
Reconsider personal cares as 1:1 rate	

Question 3: Info from all groups	Status:
Encourage CCCW members to volunteer as appropriate	
Support volunteer/recruitment/maintenance training	
Inform/notify of grant and other \$ opportunities <ul style="list-style-type: none"> • Training/support for grant writing 	
Define quality expectations for providers and best practices	
Define communication expectations of IDT	
Encourage/expect active treatment and high standards	
Set caregiver standard and provide training	
Share/inform providers of capacity needs	
Think outside the box to individually tailor services to member vs. just costs <ul style="list-style-type: none"> • Cost shifting based on where at during day • Different costs/rates if member gone during day 	
Share or minimize risk for “no shows”	
Improve authorization process – no mid month auths	
Communicate care plan to providers	
Continue to provider trainings to providers	
Commitment to utilization – decrease risk for establishment	
Offer member choice	
Offer stipend to develop natural supports for community based pre voc	
Continue to partner with providers on a regular basis	
Take some of cost management role from IDT	
Provider group rates for supplies, etc.	
Clearing house for coordination of services e.g. transportation	
Reconsider personal cares 1:1 vs. group rate (based on assessed time)	

Provider Forums - (Interpreters, DLS, Meals, PERS, Fiscal, Home Care, etc.)

Friday, May 20th St. Point 9:00-Noon

Attendees: Sally Griesbach/Ministry Home Care, Katie Sladich/Ministry, Ginnie Sconzert/Ministry, Paula Johnson/Ministry, Cindy Flauger/Goodwill Industries, Mary Bowman/Ministry Home Care Lifeline, Tim Carmichael/GI Independence, Sandy Kasprzak/Consumer Direct for WI, Kari Vinopal/Consumer Direct for WI, Lamont Thao/Elder Sanctuary, Kathleen Higgs/Meals on Wheels, Joan Wagner/Blind and Visually Impaired, Chris Enslin/Recover Health, Bobbie Casey/mom’s meals

Question 1: Priorities	Status:
Advisory Committee – On going across all Services.	
Billing/Authorization process efficiencies	

<ul style="list-style-type: none"> Auths sooner, accurate auths, submit directly to WPS, same billing codes, timely filing, end of month cycles for auths. 	
Systems Training (LEAN) for CCCW/Providers <ul style="list-style-type: none"> Orientation for providers 	
Gap Analysis for duplication between CCCW and Providers <ul style="list-style-type: none"> Coordinate visits with providers. IDT meet with providers for assessment prior to authorizing service (s). Example: Dietary assessment after meals has started. 	
Information Transferred utilizing electronic efficiencies – one click vs. ten. Computer Genius!	
Education to IDT to move members from family care – Medicare – Family care. Utilizing other payer sources.	

Question 1: (Ideas from all Groups)	Status:
Phone conferencing vs. driving to location <ul style="list-style-type: none"> Telecommunication in member's home "telehealth" 	
Time management. Touch it once get it handled.	
Education to IDT to move members from Family Care – Medicare – Family Care utilizing other payer sources.	
Clustering provider in members in home supports (geographic). Example: one agency supports a particular apartment complex or area.	
Advisory Committee – Ongoing across all service areas.	
Provider as a resource – Example: translator to coordinate services	
Efficiencies with authorizations <ul style="list-style-type: none"> Faxed vs. mailed, sometimes get two of the same auth or none at all, Scanned? Accurate authorizations (example: providers receiving auths for members not being served). Ensure required info in on every authorization. Submit claims directly to WPS instead of to CCCW Late auths result in redoing work or missing payment Refine and simplify billing process – decrease duplication, increase uniform billing process, same billing codes Duplication of billing entries – timely filing. Increase time to file claims EOM cycles for authorizations 	
Coordinating visits with providers – IDT w/providers	
Defined objections in the plan for members	
IDT staff calls ahead for impromptu visits to make sure member is there.	
Electronic transfer of information <ul style="list-style-type: none"> Information transferred utilizing electronic efficiencies – one click vs. 10. Computer genius. Everything Open systems Technology for supporting individuals 	
Training <ul style="list-style-type: none"> Lean training – hire position (billing cycle, auths, EOM) 	

Invite providers to give input into budget	
Streamline administrative demands on providers that add to costs – meetings	
Assist people to stay in homes vs. NH	
Returning equipment promptly	
Return calls promptly	
Gap analysis – advisory group, another forums	
Case management <ul style="list-style-type: none"> • Tailor RN time to meet the members needs • ADRC and CCCW dual assessment, do together or decrease to 1 	
CCCW trust account pay member spending money on debit cards	

Question 2: Priorities	Status:
Training <ul style="list-style-type: none"> • Products for care managers, e-learning, online, sharing for training resources, raining on health products (safety, diet, etc) 	
Use of Electronic Processes <ul style="list-style-type: none"> • Notification of member absences/hospitalization • Continue to go paperless – secure email • Document management • Debit Cards for payroll, gas – use for member too 	
Understanding CCCW processing and how IDT link together with providers. Anytime you have to do it more than once, it is a waste	
Utilize feedback from providers. Improve communication – IDT staff listens to providers. (example: meal delivery – member not eating them – provider notifies IDT – No response from IDT)	
Web based authorization and claims system	
Coordination revolving around knowing skilled care vs. non-skilled care and the payer source <ul style="list-style-type: none"> • Medicare episode – billing source 	

Question 2: (Ideas from all Groups)	Status:
Electronic notification process <ul style="list-style-type: none"> • Notification of member absence, hospitalization, etc • Continue to go paperless – secure email • Electronic document management system 	
Billing efficiencies <ul style="list-style-type: none"> • Uniform billing codes 	
Identify appropriate person to assist to decrease time during work day, lump like duties together into one position, employees enter time electronically	
Supply needed equipment to employees	
Benefits to SDS employees = increase retention, increase quality for members, and decrease in NH stays	

Create partnerships between organizations <ul style="list-style-type: none"> Example: spend time with CCCW billing department to discuss process/breakdown 	
Debit cards for payroll, gas, and use for members too	
Mom's Meals put together starter kits, quality surveys, being as green as possible, newsletter for member and IDT	
Training on products to use the right supply for the member to teams	
Trainings <ul style="list-style-type: none"> E-learning, online, sharing trainings, training on health topics Episode – Family care vs. Medicare 	
Coordination revolved around knowing skilled care vs. non-skilled care and the payer source	
Understanding CCCW processes and how IDT link together w/providers. Anytime you have to do it more than once, it is a waste.	
Feedback from providers – utilization – listen to provider feedback	
Longer visits to save travel time	
Outcome based. Look at Process improvement internally	
Billing/authorization process <ul style="list-style-type: none"> Clean and timely claims and filing. 90 days not much time w/MD orders involved. Bill monthly – 90 days start at last day of month the 1st day. WPS won't handle multiple auth #'s. More capability, flexibility when this is done in house than a third party administrator. Web based auth and Claims 	

Question 3: Priorities	Status:
Improve Communication/Process surrounding Claims/Billing and Case Management <ul style="list-style-type: none"> Clean claims/authorizations/MA billing easier than CCCW – 365 days vs. 90 days filing Process for timely and accurate communication, billing, and case management. Accounts receivable and payable system, billing directly through fiscal intermediate. 	
Provider/IDT staff collaboration/training <ul style="list-style-type: none"> Share information about providers and all services provided. Awareness of cost efficiencies – right support, right amount and the right time. Encourage staff to explore different providers vs. using the same provider as usual. Explore levels of utilization. Streamline processes. 	
Regular CCCW/Provider engagement <ul style="list-style-type: none"> Regular meetings/training, webinars/website, face to face gatherings 1-2 time/year or quarterly for educational purposes, provider to provider training, provider fairs, adapt to changing circumstances 	
Develop/enhance relationships that are productive and sustainable with providers	

<ul style="list-style-type: none"> Ongoing communication and partnership 	

Question 3: (Ideas from all groups)	Status:
<p>Training</p> <ul style="list-style-type: none"> Allow provider training with IDT to streamline process and work together collaboratively CCCW help coordinate/provide trainings Training available electronically Understand CCCW processes through regular meetings and trainings FtF gatherings for providers 1-2/year for educational purposes. 	
<p>Authorizations</p> <ul style="list-style-type: none"> Include emails on authorizations for follow ups More and clearer dialogue around unpaid claims (what are we doing incorrectly?) Access to authorizations – providers are having to track on excel, need an open system Clean claims/authorizations (MA billing goes easier than CCCW 365 days vs. 90 to bill) Process for timely and accurate communication billing 	
Re: Meals – include 2 weeks are choices	
Return calls promptly to providers – open and regular communication	
Increase timely filing from 90 days	
Use secure emails	
Reporting fraud – Where does it go after being reported? Track/develop system so poor caregivers don't agency bounce.	
CCCW facilitate relationships between providers <ul style="list-style-type: none"> Provider fairs/quarterly meetings 	
Include providers on MCP development	
Information on how providers can impact changes on the state level	
Dialog and understanding of new events in CCCW/Family Care <ul style="list-style-type: none"> Webinars, Website 	
Provide staff with information about all providers and the services they provide.	
IDT staff aware of cost efficiencies of providers. Right support, right amount and the right time.	
Encourage staff to explore different provider options vs. using the same providers as usual.	
Look at subcontracting case management or RN services	
Referrals to skilled care sooner prior to hospitalization to prevent the acute care.	
CCCW look into utilization	

Provider Forums – Transportation Friday, May 20th St. Point 1:00-4:00 pm

Attendees: Tammie Zinda/North Central Caravans, Todd Zinda/North Central Caravans, Kim Marien/North Central Caravans, Kathleen Sankey/Courtesy Carrier Inc., Terri Slattery Kischel/Northern Valley Industries, Rich Grenfell/Merrill Transit System, Bruce Kreager/Denali Vans, Gary LaVake/ADRC CW, David Adamczal/ADRC Portage County, Larry Lee/Ambu-lift, Bob McElroy/Taxi Time Transportation, Tom Youtsos/Taxi Time Transportation, Carrie Porter/GWAAR

Question 1: Priorities	Status:
One person is CCCW to authorize most appropriate mode of transportation	
Streamline/rebuild authorization process <ul style="list-style-type: none"> • Changing/Obtaining is cumbersome • Out of norm trips – billing denials for exceptions • Long trips vs. in town • Improved notification of disenrollment's 	
Reinstate co-pays (member responsibility) <ul style="list-style-type: none"> • Eliminate all exceptions to co-pays 	
Improve communication between CCCW and Providers <ul style="list-style-type: none"> • Clearly defined who to call list – one contact, especially for emergency situations • Think like the member 	
Council members on the best use of transportation	
Multiple modes of transportation authorized for a member in the same month	
Clarification of coordination of roles <ul style="list-style-type: none"> • E.g. Portage County – same member has ride through both ADRC and Courtesy – Courtesy tries to make pick up – member had ADRC ride - Courtesy bills no show to CCCW. 	
Software solution to connect all CCCW internally and allow selected data to providers to be expandable.	

Question 1: Info from all groups	Status:
Communication <ul style="list-style-type: none"> • Between Provider and CCCW • Clearly defined “who to call list”. Someone who understands transportation needs. • Who to call to be sure member has a ride at end of the day. • One central contact – especially in emergency need situation 	
Clarification of coordination of rides <ul style="list-style-type: none"> • Ex. Portage county – same member has ride through ADRC and Courtesy – Courtesy then bills no show 	
Authorization process <ul style="list-style-type: none"> • Simplify the process • Timely authorizations • Claims and IDT see the same authorization and information • Correct codes for type of transportation • Excel spreadsheet authorization rather than word document. 	

<ul style="list-style-type: none"> • Authorization indicates where (specific location) of destination/purpose • Changing or obtaining one is cumbersome • Email authorizations rather than fax • Avoid duplication authorization – single authorization for medical and non medical trips • Authorization ends when member dies – send out closing with reason • Stop lets “make a deal” authorizations with residential providers. • Accurate number of trips authorizations Yes auth or No auth “all or no” • Authorization indicates payer source (e.g. 2/month – residential provider pays 1st trip of month) • One person in CCCW to authorize most appropriate mode of transportation • Out of the norm trips – billing denials for exceptions long trips vs. in town • Improved notification of disenrollment’s 	
<p>Improve coordination for fixed route service.</p> <ul style="list-style-type: none"> • Restructure routes for best use of providers. Full buses vs. half full • Example : Marshfield area. 	
<p>Member contribution for non-medical trips.</p> <ul style="list-style-type: none"> • Optional non benefit/outcome related trips. • Co pays reinstated – member responsibility • Eliminate all exceptions to co pays • Maximum authorization cap for trips 	
<p>Counseling members on the best use of transportation</p>	
<p>Multiple modes of transportation authorized for member in the same month.</p>	
<p>Software solution to connect all CCCW internally and allow selected data to providers to be expandable</p> <ul style="list-style-type: none"> • Use of software to better utilize routes/coordinate trips. 	
<p>IDT consistent with interpretation of bundled services (transportation with resident)</p>	

Question 2: Priorities	Status:
<p>Coordinate rides for multiple members to medical facilities</p> <ul style="list-style-type: none"> • Currently have multiple providers going to the same facilities at same time with members with similar origins 	
<p>Software development and support</p>	
<p>Ability to bill private pay – if no show</p>	
<p>Periodic reviews that make sure use of transportation are adequate and appropriate for the member.</p>	
<p>Purchasing pools (CTTA) - Cooperative group</p>	
<p>Education of consumers – Medicaid dollars not a bottomless well</p>	
<p>Bill for cancellations</p>	
<p>Timely Authorizations</p>	

Question 2: Info from all groups	Status:
Multi member coordination of rides for medical facilities – multiple providers as same destination at same time with members that have similar origins.	
Hub and spoke systems for ADS and Prevoc. <ul style="list-style-type: none"> Central coordinator to add medical appointment trips to fixed route busses 	
Verify legitimacy of trips <ul style="list-style-type: none"> Authorization to take cat to vet in Appleton Education to IDT as to what is a relevant trip The providers see where the member goes and they question if that should be a covered benefit. 	
Use of local doctors for medical trips vs. choice of out of area services.	
Educate members that public dollars are not a bottomless well.	
Create program that would make it easier to provide more of their seats more often <ul style="list-style-type: none"> Ride share board Both fixed route and on demand/SMV 	
Creation of fuel surcharge program that accounts for dramatic fluctuations of gas prices.	
Periodic reviews that make sure use of transportation is adequate and appropriate for the member – review no shows by member	
Software	
Billing <ul style="list-style-type: none"> Timely authorizations Bill for cancelations Ability to bill private pay if no show Authorizations before the trip occurs 	
Sufficient notice in advance for trips	
Ability to have system to check mark CCCW member	
Cutting routes/combining routes	
Education of consumers	
Minivans for fuel savings	
Sharing/pooling resources	
Pool insurance with other providers	
Purchasing pools – CTAA Cooperative group	

Question 3: Priorities	Status:
Reinstate co-pays	
Fuel surcharge/Fuel escalator – de-escalator	
“On call” person to be the go to contact in the event of no show member/provider	
CCCW support software <ul style="list-style-type: none"> Development 	

<ul style="list-style-type: none"> • Assist with cost • Potentially host 	
CCCW policies/procedures for no-show trips	
Facilitate gas tax rate reimbursement (\$.24)	
Educate member and IDT use of services in appropriate manner	

Question 3: Info from all groups	Status:
Reinstate co-pays	
Fuel surcharge/Fuel escalator – de-escalator	
“On call” person to be the go to contact in the event of no show member/provider	
CCCW support software <ul style="list-style-type: none"> • Development • Assist with cost • Potentially host 	
CCCW policies/procedures for no-show trips	
Facilitate gas tax rate reimbursement (\$.24)	
Educate member and IDT use of services in appropriate manner	
CCCW help with member education	
CCCW share best practices	
CCCW bulk purchase fuel	
Coordination of time that providers give outside of authorized time Example: before and after prevocational services	