



Summer 2017 Meeting Minutes

HIV CM Stakeholder Meeting			
Meeting Date/Time:	7/26/2017 1:00 – 3:00 PM EDT	Location/Conf. info:	Kirby Bldg. CR 297
Facilitator(s):	Cassandra McFadden, Ashley Batchelor and Renee Stapleton	Scribe:	Renee Stapleton

Meeting Objectives and Agenda	
Objective(s):	
Agenda Topics:	
01	Timeline – SPA and Policy submission and effective date
02	Accreditation
03	CCNC's Role
04	Basic Training
05	CE Hours
06	Performance Bond
07	Initial Cert QA Site Visits
08	PCP verify diagnosis code
09	Miscellaneous

Agenda Topic Discussion Notes

<p>01</p>	<p>Timeline – SPA and Policy submission and effective date</p> <ol style="list-style-type: none"> 1. Both SPA and Policy have an expected effective date of 12/1/2017. 2. Expansion will be available first to current Providers in good standing after the policy amendment. Notification regarding expansion will be sent to providers in December 2017. Expansion will then be offered to new HIV Case Management Providers. Applications will be posted on the website. 3. The September Medicaid Bulletin will include HIV CM policy and SPA updates. 4. Discussion regarding clarifying who can refer beneficiary for HIV CM service.
<p>02</p>	<p>Accreditation</p> <ol style="list-style-type: none"> 1. The accreditation requirement will remain in policy. 2. To provide options, DMA will add four accreditation additional agencies to policy that include ACHC, CHAP, PHAB, and TJC. 3. A question was raised about Council on Accreditation (COA) and whether it could also be added to the policy. The request to include in policy is under review. 4. A concern was voiced about the cost of accreditation. DMA encouraged providers to research the expanded list of accreditation agencies and request quotes for a la carte, Targeted Case Management.
<p>03</p>	<p>CCNC's Role</p> <ol style="list-style-type: none"> 1. Discussed policy change regarding referrals. Infectious Disease doctors or other attending practitioners may continue to refer beneficiaries for <i>initial</i> CM services. However, authorizations for ongoing services must be authorized through the Primary Care Physician/Medical Home. 2. An email address will be created for providers to report to CCNC when questions or issues arise regarding efforts to link beneficiaries to Medical Home or physicians in the network. <ul style="list-style-type: none"> • If providers are attempting to identify a beneficiaries' PCP, County DSS should be first call. • The email address should be used if having difficulty coordinating care with the PCP. . 3. With the new policy, all providers will be required to obtain access to CCNC's Provider Portal with an expected effective date of 11/1/2017. Point of contact information to be collected by DMA so CCNC can reach out to providers to complete the required agreements. <ul style="list-style-type: none"> • Provider Portal access will be limited to 2-users per agency. • Providers must sign an agreement with CCNC to gain access. 4. A <i>Medical Home Communication Tracker</i> has been created and placed on the HIV Case Management website. This may be used to document linkage/communication and attempted linkage/communication with the Medical Home/ PCP. 5. DMA will remove the need to update a beneficiaries CD4 T-cell counts and viral load as part of the required monthly PCP communication under section 5.5 Monitoring Criteria.

04	<p>Basic Training</p> <ol style="list-style-type: none"> 1. A Basic Training PowerPoint has been completed and can be requested for HIV Case Management new hires. The process has been finalized and is posted on the HIV Case Management website
05	<p>CE Hours</p> <ol style="list-style-type: none"> 1. The number of required annual continuing education hours will be reduced from 20 hours to 12 hours, effective with the new policy. 2. A question was raised about whether in-house staff can conduct training on the following topics to be counted in CE units: Cultural Competency, and Confidentiality? 3. A question was raised about PreP and could it be added to the list of approved topics for CE units? 4. Provider shared that training conducted on Vanderbilt website no longer shows credits completed. Contact Clint Ribble and he will send you a list of completed credits for your records. 5. DMA will not be providing training opportunities. 6. Questions posed during discussion for CE hours will be considered by staff and addressed during next Stakeholder's meeting.
06	<p>Performance Bond</p> <ol style="list-style-type: none"> 1. DMA is considering removing the Performance Bond requirement from policy. This is currently under review.
07	<p>Initial Cert QA Site Visits</p> <ol style="list-style-type: none"> 1. Policy will reflect a reduction of initial quality assurance site visits from 4 to 2.
08	<p>PCP verify diagnosis code</p> <ol style="list-style-type: none"> 1. Referrals should include at a minimum: <ol style="list-style-type: none"> a. Verification that beneficiary is HIV+ b. A referral statement for HIV CM c. Signature
09	<p>Miscellaneous</p> <ol style="list-style-type: none"> 1. Reminders: <ol style="list-style-type: none"> a. Changes of address, etc. must to be reported to Tracks and DMA in a timely manner. b. Ensure all fields are correctly and completely entered when billing. c. HIV CM website is updated. It is a go to resource for forms, meeting agendas and minutes. 2. The next stakeholder meeting will be in October of 2017. <ol style="list-style-type: none"> a. Recertification visits will begin spring 2018 based on current policy. Providers asked to see the audit tool ahead of time. DMA and PI agreed to discuss the tool and requirements during Stakeholder's meeting prior to visits.