



*FMS Open Forum*

Questions & Answers from the Member Forum

February 28, 2013

To view the webinar recording, [click here](#).

Please email [membership@participantdirection.org](mailto:membership@participantdirection.org) if you have any questions regarding this document.

## “Major Threats to Participant Direction”

### Expansion of Managed Care:

**Q: Are you seeing any of these issues in your work? What other threats are you seeing related to managed care? What should the Center be doing with respect to managed care? What could the FMS Members be doing with respect to managed care?**

#### *Discussion*

- CMS and the state Medicaid agencies have got to tell MCOs that it's a priority, specify why, identify what the expectations are, and set high goals and standards. MCOs don't want to do it if it doesn't affect their share price.
- **Suzanne Crisp**
  - CMS concerned about lack of specificity and monitoring that state agencies are doing with MCOs. I wonder if there is recommended language membership can come up with for contracts.
- Contract standards would be helpful, they'd set the stage. Get into practical issues: how MCOs market PD, EZV systems, lack of cash flow understanding.
- **Suzanne Crisp**
  - Center wants to do anything it can to support this. In the process of synthesizing contracts. Will pull out good things to use as potential standards. It'll give an idea about the existing language.
- It's a requirement to offer PD, so they do that and then they're done. Needs to be more specific in terms of what the state expectations are. What does offer mean? Is there very specific information or counseling that needs to be provided when someone is initially enrolled in a program? The offer needs to be expanded.
- **Suzanne Crisp**
  - Went to Arizona and spoke to case manager who had 48/4,000 who used PD. She presented the option in a 100-page handbook (this is what it takes to be an employer). The people were very intimidated.
- If people understand the long-term return in terms of providing the choice would be helpful. Making them understand the longer-term benefits from their perspective.

### Community First Choice:

**Q: What can we do as FMS providers to help ensure the programs remains strong under Community First Choice?**

#### *Discussion*

- **Suzanne Crisp**
  - Ideally, requires there be an advisory group that manages the development and implementation of program. Suggest involving yourself in the development counsel to be a part of the discussions at the table.

## **Fraud:**

**Q: Are you seeing any of these issues in your work? What other issues around fraud are you encountering? What else would you like to see the NRCPS doing to address fraud? What could the FMS industry and our membership be doing to address fraud?**

### *Resources*

- [OIG Letter](#)

### *Discussion*

- Willful Medicaid fraud – 3x penalization of the fraud amount. People need to understand what this means.
- There are a handful of states using call-in call-out systems, with the idea that they're sold to reduce fraud – seriously doubt this, although it does add expense. Do you know any studies about this or is it something you can look into? If there is a willing provider and willing participant, fraud can be committed.
- We've seen union agreements that enable fraud. One state encouraged/required state to have a timesheet system that was a monthly system where unionized workers said yes or no that they worked the hours assigned to them. No documentation. Union agreements sometimes have skimpy documentations, making it difficult to detect fraud.
- **Mollie Murphy**
  - Not aware of any studies on effectiveness of EVV and catching fraud. My opinion is that it's not any better at catching fraud than any other timekeeping system.
  - Go to vendors' websites to see if they site any external research.
- EVV is preventing fraud by validating that the right service is provided to the right client by the right person. This doesn't need to come through an EVV platform.
- Heavily scheduled oriented, doesn't fit in nicely with PD services. There is disconnect for our world.
- Employer relationship with employee – huge gap with EVV for the authorization piece. It's a relationship with a phone system not an employer.
- **Isaac Selkow**
  - Great idea for future to learn more about EVV
- **Mollie Murphy**
  - In Texas there's a PD EVV committee, which has done some work on impacts of implementing EVV in their PD programs. They've produced some statements basically saying what we're saying here, I'd be interested to what else they produce.

## **Limited Enrollment:**

**Q: Are you seeing any of these issues in your work? What other threats are you seeing related to low enrollment and the case manager as gatekeeper? What should the Center be doing with respect to the issue? What could FMS Members be doing with respect to this issue?**

### *Discussion*

- A guide will translate into helping more people to assess if it's the right option for them. In-person training can often feel like a point of diminishing returns because of turnover rates in case management, so a guide/something tangible is a great idea.
- **Mollie Murphy**
  - Are people still seeing this case manager as Gatekeeper/low enrollment problem in non-managed care programs as well?
- It happens in both – a case manager told us if she wanted to be an accountant, she would have gone to accounting school. She doesn't see working on a budget as part of her work. There are some case managers who will focus on consumer direction, and see this as a great tool to use, and others are uninterested.