Long Term Care Reform Workgroup
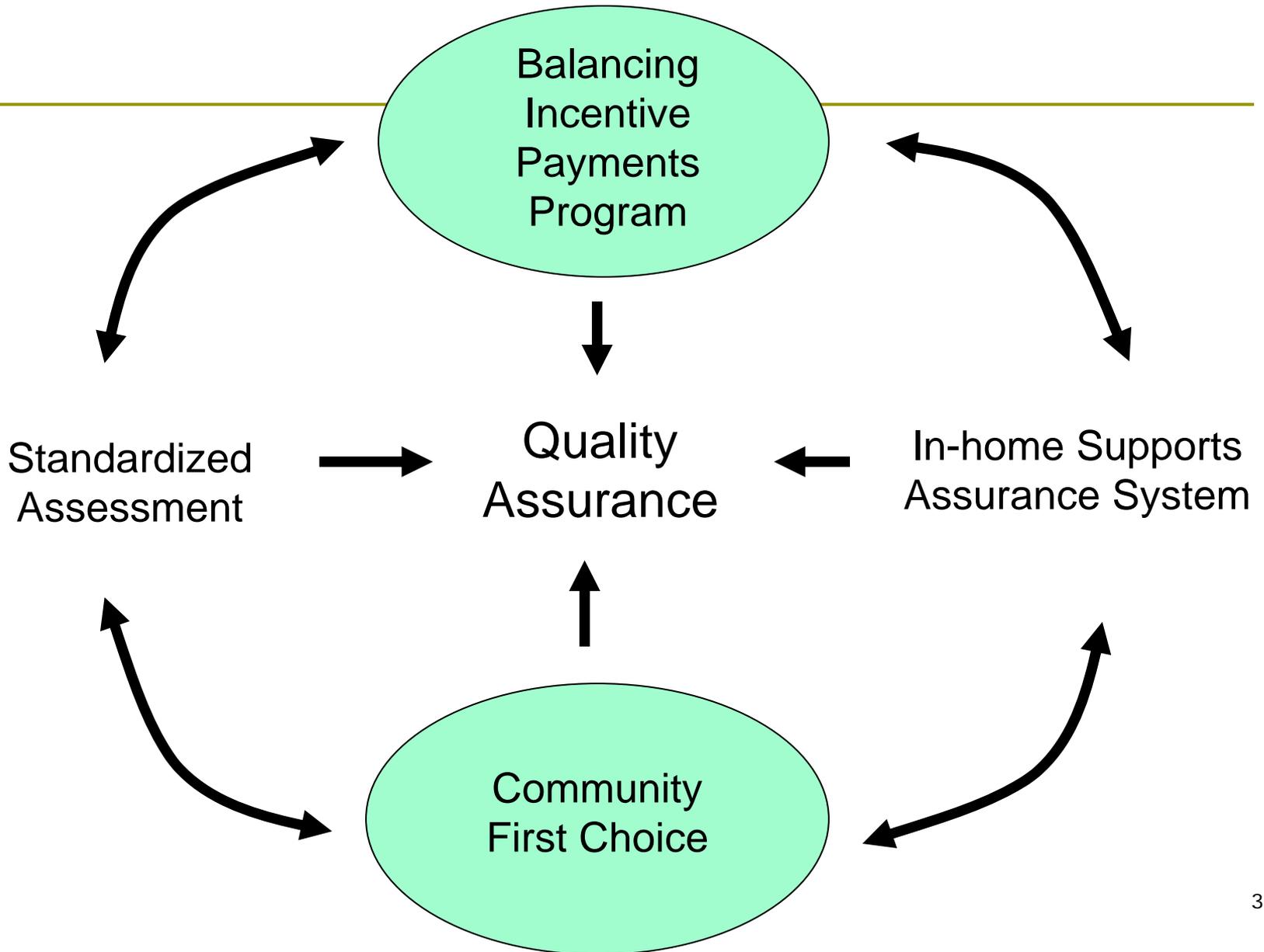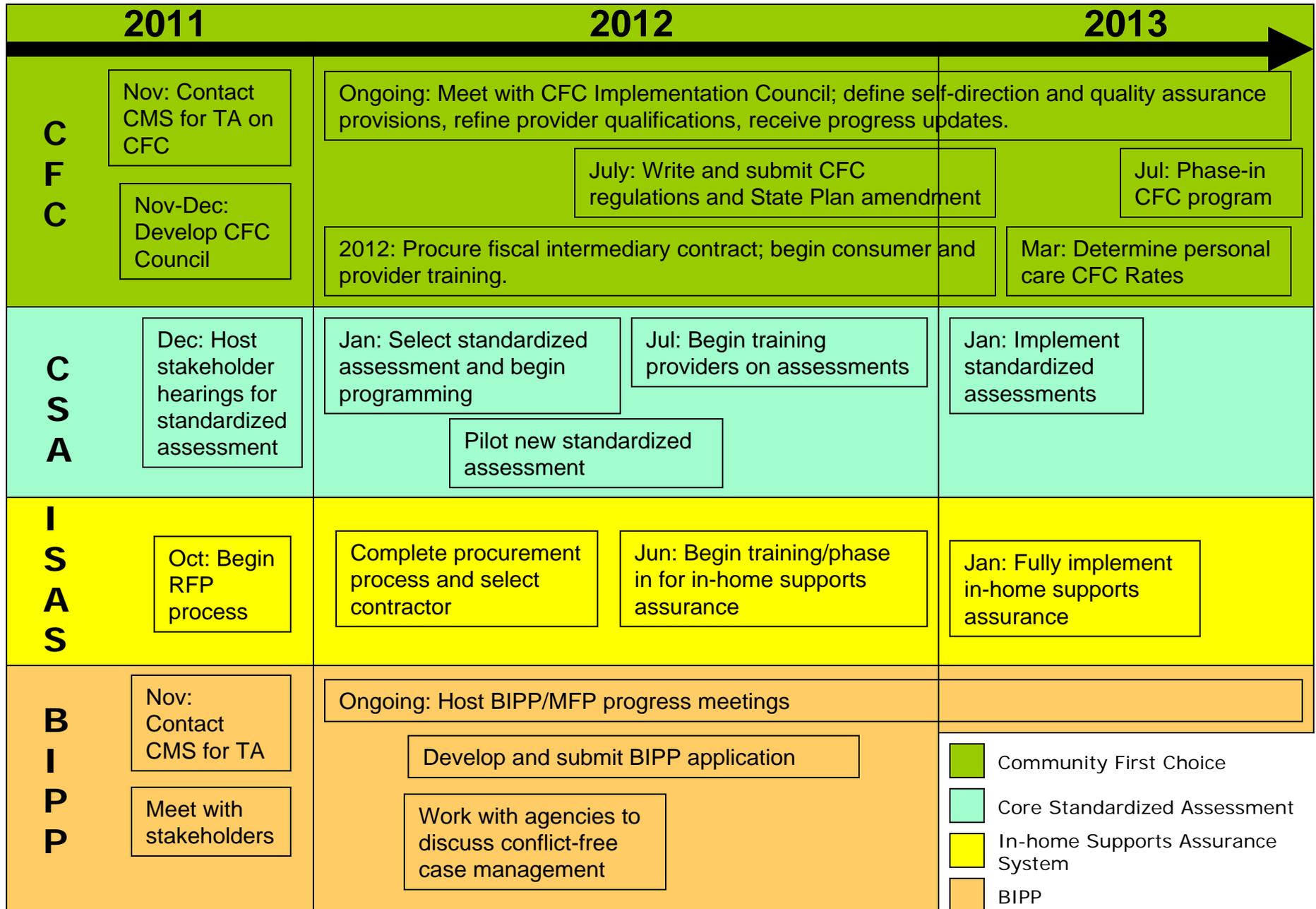
November 3, 2011

Agenda

- Long Term Care Reform Planning
    - Timeline for Reform
    - Balancing Incentive Payments Program (BIPP) Update
    - Standardized Assessment
    - In-home Supports Assurance System (ISAS)
    - Community First Choice Update and Projections
- Next Steps
    - Update to legislature
    - Implementation council and public hearings

Rebalancing Long Term Services and Supports

Long Term Care Reform Timeline

	2011	**2012**	**2013**
C F C	Nov: Contact CMS for TA on CFC Nov-Dec: Develop CFC Council	Ongoing: Meet with CFC Implementation Council; define self-direction and quality assurance provisions, refine provider qualifications, receive progress updates. July: Write and submit CFC regulations and State Plan amendment 2012: Procure fiscal intermediary contract; begin consumer and provider training.	Jul: Phase-in CFC program Mar: Determine personal care CFC Rates
C S A	Dec: Host stakeholder hearings for standardized assessment	Jan: Select standardized assessment and begin programming Jul: Begin training providers on assessments Pilot new standardized assessment	Jan: Implement standardized assessments
I S A S	Oct: Begin RFP process	Complete procurement process and select contractor Jun: Begin training/phase in for in-home supports assurance	Jan: Fully implement in-home supports assurance
B I P P	Nov: Contact CMS for TA Meet with stakeholders	Ongoing: Host BIPP/MFP progress meetings Develop and submit BIPP application Work with agencies to discuss conflict-free case management	

Legend:
- Community First Choice
- Core Standardized Assessment
- In-home Supports Assurance System
- BIPP

Balancing Incentive Payments Program (BIPP)

- Implementation Manual released 10/14/11
- Clarifies requirements for structural changes
- Standardized Assessment
  - CMS reviewed 22 instruments and created a required Core Data Set
  - Offers sample questions and a tool to evaluate other instruments
- Single Entry Point
  - Makes recommendations for IT systems and web-based screening tools
  - Requires linkage to the future Health Care Exchange

Balancing Incentive Payments Program (BIPP)

- Conflict-Free Case Management Definition
  - There is separation of case management from direct services provision.
  - There is separation of eligibility determination from direct services provision.
  - Case managers do not establish funding levels for the individual.
  - Persons performing evaluations, assessments and plans of care cannot be:
    - related by blood or marriage to the individual or any of the individual's paid caregivers,
    - financially responsible for the individual, or
    - empowered to make financial or health-related decisions on behalf of the individual.

Standardized Assessment

- Universal Assessment Tool
  - Not changing current level of care standard.
  - Will have two parts: (1) Screening; (2) Comprehensive Evaluation.
  - Will include time-per-task guidelines that better reflect participants' personal care needs.
  - BIPP criteria requires the inclusion of financial eligibility information

Standardized Assessment

- ◻ In-Depth Analysis of Assessment Tools
  - ■ Maryland identified and contacted a core group of states using interRAI.
  - ■ We are reviewing instruments to determine elements of assessments that are most useful in determining risk, support needs, and plans of service.
  - ■ CMS has evaluated 22 tools used by states and we requested their in-depth analysis of 8 instruments.

Standardized Assessment

- Focus Groups
  - Will be hosting focus groups to assist in assessing which instruments best suit our populations and program goals.
  - December focus group dates
    - Thursday, December 12th from 1-4 at DHMH
    - Monday, December 15th from 1-4 at DHMH

In-home Supports Assurance System (ISAS)

- In-home supports assurance is a process in which a provider calls to "check-in" and "check-out" when he or she starts and finishes providing a service.

  - For instance, a personal care provider would call into an automated number when he or she enters and exits a persons home. The person's voice would be detected and the system would prompt them for information regarding services provided.

  - The automated system will timestamp the phone call and complete an electronic timesheet which can be viewed in real time by the provider.

ISAS Benefits

- Quality Assurance
  - The system ensures that a provider dedicated the appropriate time to the person by matching the time and services provided with the individual's plan of service.
- Faster payment
  - Since the system is automated, there is no need to submit a paper timesheet or separate claim form (it is created by the timestamp for services). Payments would simply be made according to payment schedules without any additional data entry.
- Real-time monitoring
  - The timestamp system allows the provider, participant, nurse monitor and DHMH to view when services are being provided. Any anomalies can be addressed as they arise.
- Voice-tracking
  - The automated call-in system will match the person's voice each time a "check-in" or "check-out" occurs to ensure the right person has completed the service.

In-home Supports Assurance System (ISAS)

- DHMH's Progress
  - DHMH is currently drafting a request-for-proposal to secure a contract with an in-home supports assurance system provider.
  - DHMH is exploring different tracking options such as the use of a global positioning system (GPS).
  - Timelines for implementation will vary for different services.
    - Personal care will be the first service with nurse monitoring and other services phased into implementation
  - Once a contract is finalized, we will implement consumer education and provider training on how to use the system.

Community First Choice

□ Final guidelines have not been released and may not be available until 2012.

■ CMS has noted that there will be changes to the proposed rule, however, did not specify the changes.

■ DHMH intends to consolidate all personal care/attendant care services under a single program in the State Plan.

Community First Choice

Quality Assurance Improvement

- ❑ All providers will become registered under one program.

- ❑ Participants will be able to access an online provider registry.

- ❑ Reportable events will be tracked more efficiently in an automated system.

- ❑ A statewide emergency back-up system will be developed.

- ❑ A self-direction option will be offered to all participants receiving personal care.

Community First Choice

Clarifications

- CFC is not creating a new eligibility standard.
  - CFC is a consolidation of current State Plan eligible participants who receive personal care into one robust program offering additional services and self-direction.
- The program is expected to grow based on increased utilization due to:
  - Increased services to certain current participants,
  - Participation of currently eligible participants not receiving services, and
  - Improved reimbursement to most providers.

Community First Choice

Participants

- Each year, approximately 9,500 people receive personal care services under the Living at Home and Older Adults Waivers and the Personal Care (MAPC) program.

- DHMH expects an increase in participants in the first year based on individuals who are currently on the waiver registries and waiting lists (individuals who are community-eligible for Medicaid but are not accessing MAPC).

Community First Choice

Expenditures

- ☐ DHMH projects the current cost of services allowable under CFC to be approximately $194 million in FY 13 (currently with a 50-50 federal match).

- ☐ With an increased federal match, DHMH will maintain its current state share ($97 million), giving the program a total budget of $220 million.

- ☐ The additional funding will pay for new enrollees, additional services, improved service reimbursement, and quality assurance initiatives.

Community First Choice

Rates

- With multiple changes occurring within Long Term Care (i.e., standardized assessment and in-home supports assurance), DHMH will not be able to set a rate until closer to implementation.

- An Implementation Council will advise the Department on rate structure and simplifying the current system in which over 10 different rates exist.

Community First Choice

Implementation Council

- Proposed Federal regulations require that states establish a Development and Implementation Council.
- Federal Register / Vol. 76, No. 38 / § 441.575
  - (a) States must establish a Development and Implementation Council comprised primarily of individuals with disabilities, elderly individuals, and their representatives.
  - (b) States must consult and collaborate with the Council when developing and implementing a State plan amendment to provide home and community-based attendant services and supports.

Community First Choice

- This Council must include a majority of individuals with disabilities, older adults, or personal representatives of consumers.
- Additional members may include:
  - professional advocates for individuals with disabilities, older adults, or their representatives;
  - provider representatives such as labor unions or professional organizations;
  - lawmakers; health policy professionals;
  - direct service or health care providers; and
  - other interested community members.

Community First Choice

- The Department is seeking nominations for the Implementation Council and will distribute a nomination form by November 4th.

- Nominations are due by November 21st and may be submitted to LTCReform@dhmh.state.md.us

- Nominations will be reviewed by the Department to ensure:

  - balanced representation of interested professionals
  - the required majority of consumers or their representatives

- Membership of the Council will be established and made public by January 1st.

Next Steps

- Draft update to legislature
  - Based on this year's Joint Chairman's Report, the Department must submit an update on the work of the LTC Reform Workgroup by December 1st.
  - DHMH will be forwarding a draft report to all workgroup members for review and comments prior to the December deadline.
- DHMH will host public stakeholder hearings regarding the standardized assessment tool in December.
- The Long Term Care Workgroup will meet again on December 8, 2011 from 1 p.m. to 3 p.m. at DHMH but will transition to other ongoing and new stakeholder groups in 2012.
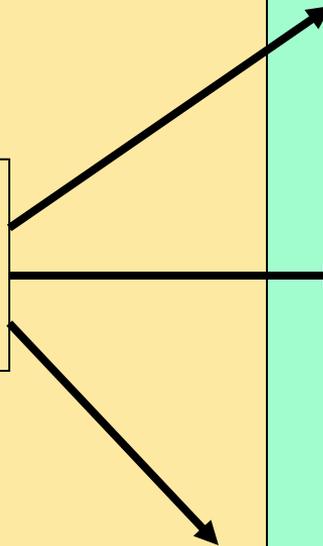
Reform Workgroup Transition

2011

2012

Long Term Care Reform Workgroup

Community First Choice Implementation Council

Money Follows The Person/Balancing Incentive Payments Program Workgroup

Standardized Assessment Stakeholder Public Hearings

LTC Reform E-mail

To get onto our LTC Reform mailing list, please e-mail the following address for regular updates and meeting reminders.

LTCReform@dhmh.state.md.us