

Choices for Care Moderate Needs Group Changes  
DAIL Responses to Questions  
November, 2009

Background

Effective Friday, November 13, 2009, enrollment in the Choices for Care Moderate Needs option will be frozen to new participants.

On October 8, 2009, a public meeting was held to gain input on DAIL's plans to request an extension from CMS for the Choices for Care 1115 demonstration waiver for three years beyond the current demonstration period. At this meeting it was brought to our attention that the CMS Terms and Conditions governing Choices for Care demonstration waiver states that:

*“19. Prioritization of Enrollment. The State is reserving a minimum of \$1.7 million per year for provision of services to the Moderate Need group. Medicaid eligibles in the Moderate Need group must be served prior to expansion eligibles.*

*“Should a waiting list for long-term care services develop, the State agrees that individuals entitled to long-term care services will be enrolled in the long-term care program before persons with lighter care need, according to a prioritization process described in the Operational Protocol. Specifically, participants receiving services currently will continue to receive services before participants and applicants in the Highest Need group; participants and applicants in the Highest Need group will receive services before participants and applicants in the High Need groups; **and participants and applicants in the High Need group will receive services before participants and applicants in the Moderate Need group**”. [Emphasis added.]*

1. Does this mean that Moderate Needs will be phased out?

**No. The current Terms and Conditions require the Moderate Needs Group, with base funding of \$1.7 million.**

2. How much will it cost to serve everyone currently on the high needs waiting list?

**There is no accurate method of determining the actual cost of serving everyone who is currently on the High Needs Group applicant/waiting list. Variables include choice of setting, unmet needs, choice of services, and volume of services. A rough estimate is an average cost of \$40,000 per person per year, based on people choosing a variety of CFC settings and services.**

3. What are the anticipated savings from the freeze on MNG?

**There is no accurate method of determining the actual expense reductions from the MNG enrollment freeze. Variables include future attrition, type of service, and volume of service.**

4. There are numerous clients who have an approved Service Plan for Moderate Needs, but have not yet received homemaker services to date because of lack of staffing, some going back as much as 3-4 months waiting. Will funds still be available to them even when they finally receive a homemaker, or will that show up as unspent, and go on to a high needs person?

**Individuals who have a MNG service plan authorized by DAIL are enrolled, and remain eligible to receive services.**

5. Does this mean that those currently on the MNG wait list will not be able to receive services during this "frozen period"?

**Individuals who remain on the MNG waiting list will not be enrolled in MNG, and will remain ineligible to receive MNG services.**

6. Should we send applications to DAIL on those people currently on the wait list?

**No.**

7. Can you tell me how this will affect the HASS program?

**HASS grant funds are separate from MNG funds, and are not directly affected by the MNG enrollment freeze.**

8. If applications are submitted by 11/13/09 (4:30 pm), can we provide MNG services?

**Yes, as long as funds are currently available to serve them and the required authorization process is followed (the following process has not changed):**

SECTION V.1. Application, Screening, Eligibility Determination & Reinstatement Procedures

**A. Application Procedures**

1. Department of Disabilities, Aging and Independent Living (DAIL) staff shall make Choices for Care information available to all individuals, local agencies, and organizations.

2. Application may come from any source.

3. Moderate Needs applications must be completed, signed by the individual or legal representative and sent to the certified Case Management Agency (Home Health Agency – HHA or Area Agency on Aging – AAA) as identified on the Moderate Needs application form.

**B. Initial Screening Procedures**

Verify Funding: The Moderate Needs case manager (CM) will verify funding available for the services requested on the application and

contact the individual within 3 working days of receipt of the Moderate Needs application.

No Funding: If funding is not available for the requested service(s), the CM will do a telephone screening to verify the need for Moderate Needs services, clinical and financial eligibility. The CM will inform the individual that there is a waiting list and will give the individual the option of being placed on the waiting list. The CM will determine if follow-up is needed and take necessary action to assist the individual in obtaining other services.

Funding for one service only: If the individual needs both HMK and AD services, yet funding is available for only one service, the CM will continue the eligibility process for the service for which funding is available and send a wait list notice to the individual and provider of the other service. When funds become available, the CM will send a Moderate Needs Group Change form to DAIL Moderate Needs Coordinator to add the new service.

Funding Available: If funding is available, the CM will arrange for a face-to-face visit to continue the eligibility process.

### **C. Eligibility Procedures**

Clinical Screening: At the face-to-face visit, the CM will complete the Permission to Release of Information, Independent Living Assessment (ILA) Intake (short version) and screen for clinical eligibility using the Moderate Needs Group Clinical Eligibility worksheet.

Financial Screening: If the applicant appears to meet the Moderate Needs Group clinical criteria, the CM will complete the Moderate Needs Group Financial Eligibility Worksheet. If the applicant meets both the clinical and financial criteria, and there is funding to serve the individual, the CM will send the following complete application packet to both the Moderate Needs Coordinator at the DAIL Waterbury office and the Moderate Needs Providers:  
Moderate Needs application,  
ILA Intake,  
Clinical Worksheet,  
Financial Worksheet, and  
Complete Package Checklist.

***NOTE: DAIL will return all incomplete application packets to the case manager.***

Eligibility Determination: The Moderate Needs Coordinator will review the clinical and financial information for accuracy and eligibility determination.

Notifications: If found clinically and financially eligible for Moderate Needs Group services the Moderate Needs Coordinator will complete and send the Moderate Needs Group Service Authorization to the applicant, provider(s) and the Department for Children and Families (DCF).

Start Date: The effective start date for Moderate Needs services shall be the date the application signed the Moderate Needs applications, the date the applicant was taken off the wait list or later date as requested by the CM. For individuals coming off the Moderate Needs wait list, the CM will write the date the individual came off the wait list on the top of the application.

9. If a client is already approved, but on the MNG Wait List, can we still put them on the program?

***An individual cannot be approved for MNG services and also remain on the MNG waiting list.***

10. Do we have to continue putting people on a wait list during the freeze?

***Yes.***

11. Are you saying that DAIL will honor MNG applications received by the end of day on November 13 even if the service authorization has not been approved yet?

***Yes, as long as funds are currently available to serve them and the required authorization process is followed. See response to question # 8 for details on process.***

12. Should I assume the freeze will also apply to clients already on one of the moderate needs programs that want to add another service? For example, this could be a homemaker client that would like to add adult day services. ?

***Yes, the Moderate Need Enrollment freeze is effective for all MNG services: Adult Day, Homemaker and Case Management***

13. Does this enrollment freeze include the patients we already have on our internal wait list that we have not processed due to staffing issues?

***CFC MNG procedures do not recognize any "internal wait list". Once services have been authorized for an individual, we expect a provider to make arrangements to provide that service because the provider has indicated that funds are available.***

14. Please remind me how many people this effects now and what our predictions are for the future.

**As of September 2009, MNG providers reported MNG waiting lists with a total of 328 individuals. Because the ability to serve people depends on future funding and expenses, individuals on the MNG waiting lists might have to wait for some time before MNG funding is available to serve them.**

15. If the MNG is open until 11/13 will all of these applicants be enrolled?

**Only if funds are currently available at the provider level to serve them and the required authorization process is followed: See response to question # 8 for details on process.**

16. How will that (#15) impact making funds available to meet the needs of those who are high needs?

**The ability to serve people in the High Needs Group will depend on future revenues and expenses.**

17. Will people on the MNG wait list be stuck there?

**Because the ability to serve people depends on future funding and expenses, individuals on the MNG waiting lists might have to wait a long time before MNG funding is again available to serve them.**

18. How will DAIL manage taking people off of the High Needs Wait list? Will it be based on acuity?

**Enrollment of people from the High Needs Wait list is dependent on the availability of funds, and is described in the Operational Protocol (page 25):**

**We will utilize a formula for the distribution of "slots" for the High Needs group. That formula takes into account the number of applicants on the waiting lists within each area of the state, the number of applicants in a region as compared to the state, and a formula of "fair share" or equitable demographic allocation of slots.**

**Monthly financial monitoring will be done on expenditures, as is the current practice. As the financial picture indicates funds available to add high needs individuals to the program, an analysis will be done taking into account "fair share" of service among the regions and the percentage each region has of the total wait list statewide and other factors. Additional "slots" will be given to particular regions based upon this formula to add High Need persons to the program.**

**Slot availability will be determined by examining current expenditures, the average cost of Plans of Care, point in time projections in the reduction in the number of nursing home bed days and expenditures, and inflation or "creep factor" for home based and ERC expenditures.**

**When funds are available, DAIL staff will notify the LTCCC. The LTCCC together with the Waiver Team will review the waiting list. Decisions will be made in order of priority and in consideration of other pertinent factors.**

19. How will this impact the ability of people to access homemaker services?  
**Individuals on the MNG waiting lists may have to wait for a long time before MNG homemaker funding is available again to serve them.**

20. How did we all miss the terms & requirements until recently?  
**DAIL staff failed to adhere to the combined requirements of different elements within the Terms and Conditions. After consultation with CMS, this error is now being corrected.**

21. Many High Needs folks were moved into MNG in order to receive services- it was a mechanism to at least get some services for folks who would have otherwise been frozen in the high needs. Can they continue to receive MNG services?  
**Individuals who have a MNG service plan authorized by DAIL are enrolled, and remain eligible to receive services.**

22. And if moved to High, how soon will they be able to be serviced?  
**The ability to serve people in the High Needs Group will depend on future revenues and expenses.**

23. Will this result in frozen MNG and frozen High Needs Group?  
**Because the ability to serve people depends on future funding and expenses, individuals on the waiting lists might have to wait for a long time before funding is again available to serve them.**

24. How do we interpret the phrase:" as funds become available from this action... we will carefully and cautiously manage enrollment from high needs"?  
**The ability to serve people in the High Needs Group will depend on future revenues and expenses, which are monitored on a monthly basis.**

25. Current status of how many are on frozen high needs list and how many and how soon will they be moved to active high list?  
**There are currently 69 individuals on the High Needs wait list. The ability to serve people in the High Needs Group will depend on future revenues and expenses, which are monitored on a monthly basis.**

26. What is the impact on MNG folks who want adult day?  
**Because the ability to serve people depends on future funding and expenses, individuals on the MNG adult day waiting lists may have to wait for a long time before MNG funding is again available to serve them.**

27. Will there be vacancies in adult day with folks who want and need it but now will be unable to access it?  
**It is quite possible that an adult day program would be able and willing to serve someone, but not have funding available to support the services. Individuals who want to attend adult day will need to access other funding sources. If people**

**qualify for Community Medicaid, they can access services through DHRS funding; some individuals may be able to spend down to qualify for Medicaid and Day Health Rehabilitative Services (DHRS) funding.**

28. How many are already on MNG wait lists and is there a geographic trend for this?  
**As of September 2009, the twenty-six MNG providers reported MNG waiting lists with a total of 328 individuals. There are significant differences between the numbers of people on waiting lists for different services in different regions.**

29. How would the availability of the rescinded \$750,000 GF and the associated federal match have made your management of this different?

**The ability to serve people in Choices for Care depends on available revenues (as approved by the legislature) and ongoing expenses. If enough revenues were available to permanently eliminate the High Needs Group waiting list, the MNG enrollment freeze would be unnecessary.**

30. Do you see any impact on workforce?

**It is likely that hours/wages for some workers will be reduced. It is possible that some workers will lose their current positions. Each MNG provider will have to determine how to best manage this change.**

31. Will this end up looking now like four categories: moderate needs, high needs, higher needs and highest needs. With waiting or frozen lists in the first two?

**The Choices for Care Terms and Conditions establish three eligibility groups: Moderate Needs, High Needs, and Highest Needs. These three eligibility groups will continue. The ability to serve people in the Moderate Needs Group and the High Needs Group will depend on future revenues and expenses.**

32. Are you saying that we needed to Freeze Moderate needs admissions to the folks that are on the Moderate needs wait list and give the high needs wait list people these same services?

**No. The ability to serve people in the Moderate Needs Group and the High Needs Group will depend on future revenues and expenses. The eligibility criteria and the services established in the Terms and Conditions and the Operational Protocol remain unchanged.**

33. Taking MNG funds away from Adult Day providers—some of which are struggling financially—could cause them to close. What will happen to the people attending these programs?

**If a provider closes, consumers will need to find other services elsewhere.**

34. Will this mean that a provider in a region with no waiting list will not be able to accept new enrollees as long as there is a waiting list anywhere in the state?

**Yes. Under the federal Special Terms and Conditions, MNG enrollment is frozen statewide.**

35. Will the providers be able to draw down their budgeted MNG revenues under CFC?  
**All Adult Day and Homemaker providers are given an annual “cap” on MNG funding. As attrition in the current MNG enrollment takes place, providers cap will be reduced by any amount not need to carry the current participants through the end of the year.**

36. By putting more of their funding under Medicaid will the practical impact be that we will have redistributed adult day funding to other providers?  
**The funding is all “under Medicaid” now and has been for some time. As attrition in the current MNG enrollment takes place, providers will be unable to draw down their budgeted MNG revenues. This means that for the foreseeable future, MNG providers cannot expect MNG funding above the initial base funding of \$1.7 million. Because the ability to serve people in the Moderate Needs Group and the High Needs Group will depend on total future revenues and total future expenses, and it is not clear what services future consumers will receive, it will not be possible to identify “redistributed adult day funding”.**

37. Will this change have any bearing on the DAIL deliberations/ decision to include new nonmedical homecare providers?  
**DAIL has not made a final decision about opening the MNG to new providers. The freeze on enrollment for Moderate Needs has put this decision on hold.**

38. Assuming I have the funds available, can I increase the hours for someone currently enrolled?  
**Yes, assuming the participant needs the extra time. We are freezing enrollment, not levels of service for current enrollees.**