

Vermont 1115 Waiver Demonstration Choices for Care Quarterly Report January 2006– March 2006

Summary:

The second quarter of the first year of implementation of Choices for Care consists of activities focusing on fine tuning the designed program. In response to the concerns of the variety of providers, consumers and partners, staff responded by modifying systems, forms and procedures to better reflect the reality of putting this large undertaking into practice. Additional activities centered on the development of additional program elements proposed in the demonstration - the cash and counseling program, payment of spouses, contracts for care, and PACE.

Second Quarter Events:

Establishment of ongoing communication among all of the providers was a significant focus for the second quarter. The Long Term Clinical Coordinators (LTCCC), with the assistance of the Medicaid Waiver Supervisors, established the local Waiver Team meetings as the venue within which communication about a variety of program elements were brought up for examination. Monthly discussions at these meetings range from the status of program participants, service issues, eligibility and delays. These discussions helped to identify system related areas that needed to be addressed to ensure smooth operations. The LTCCC's conducted outreach to nursing home social workers and hospital discharge planners, who formerly were not a strong presence at the meetings, to encourage ongoing participation at the waiver team meetings. A goal for this quarter was to ensure that there was an established method of communication with all partners of the Choices for Care Program.

In the same vein, a Choices for Care Summit was held in March. Over 250 providers consisting of Area Agency on Aging case managers, Home Health Agency case managers, Home Health Agency LTC coordinators, nursing home admission/discharge planners/ hospital discharge planners, the fiscal intermediary (ARIS), provider agency billing staff, the Department of Children and Families /Economic Services staff (LTC eligibility specialists)

and EDS staff (Medicaid claims staff) were all in attendance. The purpose of this day long session was to bring all the partners together to begin an examination of how Choices for Care was operating in “the real world” and to have a common dialogue on identifying changes that could be made to improve program operations. As a result of the Summit, changes were made in some forms and internal systems to improve communication and some program elements were eliminated. Details of these changes are noted further on. A compilation of the Summit comments will become a living document to guide us through additional program evaluations. It is intended to establish some form of annual method of input from all the Choices for Care partners.

Implementation and operation of the federally mandated PASARR system of the DD/MR population resides in the Individual Support Unit. Meetings were held to establish operational protocol for including the PASARR system into the Choices for Care clinical eligibility review protocol.

PACE development continues with weekly meetings between the Real Choices/PACE state staff, ISU staff and the PACE provider.

The State submitted it’s PACE application to CMS on February 1, 2006. As a result a list of questions has been received from CMS and the State is in process of drafting a response. The PACE Center and the State are also heavily involved in preparing for the readiness review.

The integrity of the data is an ongoing challenge. Efforts continue to be developed to assure reliability of data and adjustments designed to address this problem. Ongoing coordination and weekly meetings with the Department of Children and Families – LTC financial eligibility system and the EDS claims system continues. The Data and Information Unit have worked continuously to redefine the data elements and explore alternative methods to assure consistency and eliminate system errors.

Programmatic work continues with the cash and counseling program known as Flexible Choices. Weekly meetings have been taking place between the Flexible Choices grant manager and the Choices for Care staff. Forms, systems, and operational documents are reviewed and refined through this process. An RFP was issued for the Consultant Services.

In March, a committee was convened to begin to develop the criteria and elements in establishing the policy of allowing spouses to be paid as caregivers. Research was conducted throughout the country to examine other states' experiences. The committee consists of consumers, Choices for Care central office staff, LTCCC representation, Individual Support Unit staff and Area Agency on Aging Case management staff.

The Choices for Care Medicaid Waiver Manager and/or the Individual Support Unit Director regularly attend the monthly meetings of provider groups such as the case management supervisors, adult day providers, Area Agency on Aging Directors and Home Care Directors.

On October 1 all nursing home residents and community based participants were migrated into the SAMS data base system. A total of 3,447 individuals were automatically enrolled in Choices for Care.

2,286 were nursing facility residents, 988 were home and community based resident and 173 were enhanced residential care residents. As of March 31, 2006 there were 3,862 individuals enrolled – 2,214 nursing facility residents, 1,494 home and community based individuals and 210 enhanced residential care residents - a net gain of 415 individuals in six months.ⁱ

As of March 31, an additional 264 nursing facility residents, 160 home and community based individual and 28 enhanced residential care residents were found clinically eligible but were pending financial eligibility.ⁱⁱ Activities with respect to the pending numbers are discussed further on in this report.

The waiting list for High Need individuals was 64 as of March 31, 2006.ⁱⁱⁱ Prior to Choices for Care the home and community based program had 241 individuals awaiting a “slot” to receive services.

Average service plans continue to decrease during the second quarter. In October home based plans averaged \$3,655 and ERC plans averaged \$1,794. As of December 31, home based plans were reduced to an average of \$3,629 and ERC plans were reduced to \$1,772.^{iv} Nursing facility paid Medicaid days were reduced from 70,037 in September to 65,968 in December. In March home based plans were reduced to \$3,553 per monthly average, ERC plans were lowered to a monthly average of \$1,772. Nursing facility paid Medicaid days were further reduced to 59,057 as of the end of the second quarter.^v

The integrity of the data at this time gives an incomplete picture of expenditures during this quarter. Nursing home expenditures are high due to recoupment and repayment issues. Adjusted claim data indicate the following expenditures: ^{vi}

Paid claims	October '05	December '05	March '06
Home based, including moderate	\$2,261,219	\$3,344,840	\$2,804,888
ERC	\$248,600	\$292,522	\$281,557
Nursing Home	\$8,619,253	\$8,637,174	\$12,997,034

Progress of Quality Assurance Activities:

As part of the Real Choice Systems Change QA/QI Grant, the Quality Management Committee continues to meet monthly. This quarter the Committee began the development of potential desired outcomes of services. During January and February focus was on the continued development of the *Choices for Care Interim Quality Improvement Plan* and staff training in preparation of the first Choices for Care Quality Assurance Review.

The Quality Management Unit released a draft of the plan in January and solicited feedback from providers by holding a provider forum.

The Interim plan was finalized and presented on March 3rd.

In January, the Quality Management Unit received training from MedStat on the *Participant Experience Survey E/D*. In February the Quality Management Unit received training on Focus Group Interviewing. During March the *Choices for Care Onsite-Review Protocol: A guide for Providers and Reviewers* was developed, as was a second document, the *Choices for Care Focus Group Protocol: A Guide for Reviewers*.

Notable Accomplishments:

Choices for Care Summit- convening of 250 local, community and state partners to examine the first six months of operations. This provided a venue to explore how Choices for Care was affecting all the state's partners and to provide a platform for providers to share their experiences and offer resolution for identified problems.

Development of the *Choices for Care Interim Quality Improvement Plan*.

Formulation of procedures and policy for Flexible Choices. RFP for consultant services was posted.

Program modification and adjustments made in response to our identified needs as well as provider requests. These include:

- the elimination of the Transitional Service Plan
- the development of additional "change forms" to facilitate clear communication between the nursing facility and case managers and DCF
- system coding changes to identify short term rehab stays versus long term nursing home stays
- EDS coding changes including modifications of edits in order to facilitate provider reimbursements

Problems identified and resolution activities:

Billing issues continue to be an area of focus for the program. Weekly meetings continue between EDS, DCF, OVHA and DAIL. Priority staff attention has been given and will continue to resolve these challenges. Delays in billing have also resulted in incomplete financial expenditure data.

The volume of data transferred into the new data base system created delays in data entry and challenges to data integrity. Ongoing focus to this area has improved data outcomes

The volume of applications from all settings created a delay in processing Medicaid financial applications. Discussions with DCF and other partners have been implemented with a goal of developing a comprehensive procedure and method to expedite the approval process.

ⁱ Active participants by setting & loc,306brh4/506

ⁱⁱ Received pending application.306brh4/506

ⁱⁱⁱ High needs wait list by county.306.brh4/5/06

^{iv} Approved poc costs erc & hcbs.3064/5/06

^v 5/3/06Act160-06.xlwjim's monthly

^{vi} 5/3/06Act160-06.xlwjim's monthly