Arkansas Independent Assessment





Purpose: Provide an Overview of:

Independent Assessment Optum's Role, Tool and Process 3 **Assignment of Tiers Transformation and Training** 5 **Timeline**



Medicaid Transformation and Assessments

Why adopt an Independent Assessment (IA) System:

- Provide the key entry point into the five home and community based service waivers
- Identify individuals with high needs receiving behavioral health services
- Support Care Coordination, starting 10/1/17, managed by the Providerled Arkansas Shared Savings Entities (PASSEs)
- Support Managed Care on 1/1/19 when PASSEs assume full risk

The IA system includes three basic parts:

- A comprehensive functional assessment tool
- Qualified individuals accurately, objectively and reliably administering the tool
- An IT platform to collect and report data across all population groups and programs



Optum's Role

The Divisions of Aging and Adult Services (DAAS), Behavioral Health Services (DBHS) and Developmental Disability Services (DDS) will provide Optum with the list of beneficiaries that need to receive an Independent Assessment.

Appropriate licensed medical professionals will provide any known diagnoses.

The Optum team will conduct a functional assessment to determine eligibility for services based upon a person's individual needs.

- Administer the Independent Assessment
- Develop and maintain a single, standardized information technology (IT) platform that supports the Independent Assessment and Tier Determinations
- Provide transformation support and training for both providers and State staff



Who will receive an Independent Assessment?



Medicaid beneficiaries seeking Home and Community Based Services (HCBS) waiver services, personal care, or Programs of All-inclusive Care for the Elderly (PACE) services



Medicaid beneficiaries in need of various amounts and intensities of behavioral health services



Medicaid beneficiaries determined to have a developmental disability and seeking waiver or Intermediate Care Facility (ICF) services, Child Health Management Services (CHMS) or Developmental Day Treatment Clinic Services (DDTCS) services



Who will conduct Independent Assessments?



DAAS assessments will be conducted by Registered Nurses with experience in aging issues.



DBHS assessments will be conducted by persons with either a four-year degree or a Registered Nurse, both with at least one year of experience with mental health issues.



DDS assessors must have two years of experience and meet the qualifications of a Qualified Developmental Disability Professional (QDDP).



Assessment Tool – MnCHOICES

Why MnCHOICES?

- Person centered, not program centered
- Configured for Arkansans
- Developed and refined over ten years by State of MN

Why one tool for three populations?

- Assesses functional needs regardless of an individual's diagnosis
- Supports development of person-centered plans across programs and services

Why automation?

- Branching logic allows assessors to explore issues based upon beneficiary response
- Prompts, scoring and resulting tier recommendation provide consistent அதுறுinistration

Domains in Independent Assessment

Person Information

Quality of Life

Activities of Daily Living (ADLs)

Eating, Bathing, Dressing,
 Personal Hygiene, Toileting,
 Mobility, Positioning, Transfers

Instrumental ADLs

 Medication, Meals, Transportation, Housework, Telephone, Shopping, Finances

Health

Memory and Cognition
Sensory and Communication
Safety/Self-Preservation
Caregiver

Psychosocial

 Self-injury, Physically Aggressive, Verbally Aggressive, Social Unacceptability, Property Destruction, Wandering, Legal Involvement, Emotional Regulation, PICA, Victimization, Withdrawal, Agitation, Impulsivity, Intrusiveness, Injury to Others, Anxiety, Psychotic or Manic Behaviors, Depression (PHQ-9), Geriatric Depression, Pediatric Symptoms (PSC-17), Suicide, Alcohol, Substance (Cage), Tobacco, Gambling

Employment, Volunteering and Training Housing and Environment Self Direction



Assessment Process



Trained Assessor



Review Existing Information



Perform Interview



Beneficiary



Family/ Guardian/ Caregiver



Gather Additional Individual Information (As Needed)



Platform
calculates and
Assessor
Reviews Initial Tier
Determination



Appropriate
State Division
Uses Tier
Determination
to Authorize
Service Array

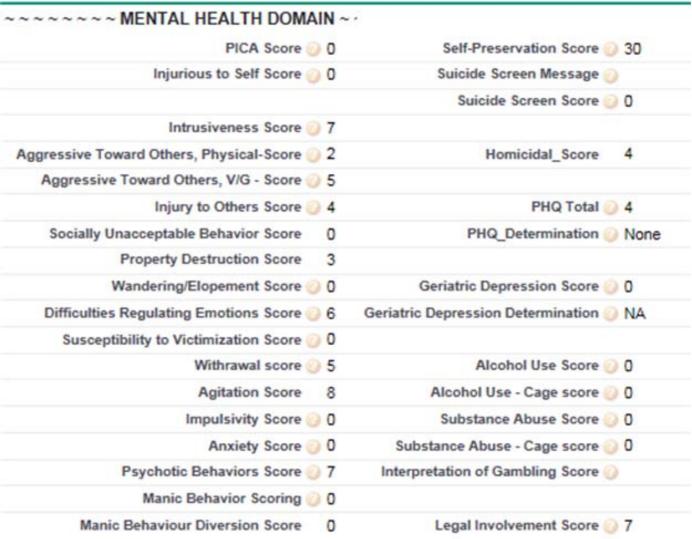


Psychosocial Domain Examples

AGGRESSIVE TOWARDS OTHERS, VERBAL/GESTURAL	Check all that apply:
Person engages in, or would without an intervention, the use language verbally, through written words non-verbally through facial expressions, gestures or signs which threaten psychological, emotional or pl towards others. O No O Yes If 'Yes' was selected, the following questions will be displayed:	or symbols Attempts to intimidate through aggressive gestures with no physical contact
Intervention: Support and/or se	rvices provided by staff and/or caregiver
O Needs redirection - respo	e form of cues – responds to cues
Frequency of intervention need	ed:
O None	
O Less than weekly	
One time per week	
O Two times per week	
O Three times per week	
O 4 or more times per week	k but not daily
O Daily	



Example of Generic Domain Scoring





Tiers as described in the RFP





Preventative

Requires supervision for ADLs, extensive assistance on IADLs, would benefit from a package of preventative services to delay or avert more costly services within 12 months.



Intermediate

Limited or extensive needs in ADLs, cognitive and behavioral challenges requiring ongoing supervision and oversight, or may require skilled care not longer than 21 days.



Skilled/Institutional Level of Care

Extensive needs in ADLs, cognitive and behavioral challenges requiring ongoing supervision and oversight, or may require skilled care longer than 21 days.





Tier One

Beneficiary receives services in a center-based clinic such as DDTCS or CHMS and also receives other Medicaid State Plan services.



Limited and Extensive

Beneficiary meets Institutional Level of Care criteria but does not need 24 hours a day 7 days a week care.



Pervasive

Beneficiary meets Institutional Level of Care criteria and needs 24 hours a day 7 days a week care.



Tiers as described in the RFP





Counseling

Time-limited behavioral health services provided by qualified licensed practitioners in an outpatient based setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Counseling Level Services settings mean a behavioral health clinic/office, healthcare center, physician office, and/or school.



Rehabilitative

Home and community based behavioral health services with care coordination for the purpose of treating mental health and/or substance abuse conditions; shall include services rendered in a Beneficiary's home, community, behavioral health clinic/ office, healthcare center, physician office, and/ or school; include those provided by professional and paraprofessional staff members and are targeted to the needs of the individual.

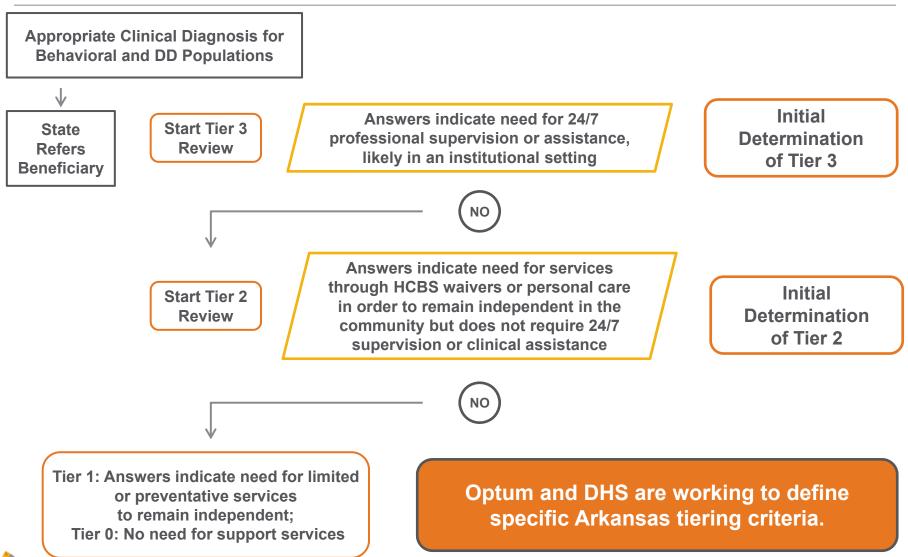


Intensive

The most intensive behavioral health services for the purpose of treating mental health and/or substance abuse conditions. This level of care shall be based upon a referral from a Behavioral Health Agency that is providing Rehabilitative Services to a Beneficiary or the Independent Care Coordination entity. Residential treatment services are available—if deemed medically necessary and eligibility is determined by way of the additional criteria and questions on the standardized Independent Assessment.



Overview of Generic Tiering Process





Who gets the results?



State Division

Initial tier determination and summary of Independent Assessment For review and authorization of service array



Care Coordinator/Care Planner

Tier determination and summary of Independent Assessment Care Coordinator at PASSE and Nurse at DAAS responsible for developing Plan of Care



Provider

Tier determination and summary of Independent Assessment Development and implementation of Plan of Care



Beneficiary, Guardian, Family

Tier determination and summary of Independent Assessment



Transformation and Training



A Provider and State Needs Assessment will be conducted mid-July to inform the training plan and curriculum



Training modalities include: in-person regional trainings, live webinars and recordings for the two years of project rollout and will begin mid-August



For those requiring further support, onsite coaching will be offered following participation in either the in-person training or live webinars for the first year of implementation



Transformation and Training

Assessors	Providers	State Staff
 Training on AR LTSS programs and services MnCHOICES background and overview Battelle Inventory Training and hands on experience to learn how to access and become proficient in using MnCHOICES in the following four areas: Access and Navigation Content Practice Tiering Process 	 MnCHOICES background MnCHOICES administration and outputs Division Specific Tier Requirements MnCHOICES results to tier determination processes 	 MnCHOICES background MnCHOICES administration and outputs Division Specific Tier Requirements MnCHOICES results to tier determination processes Interfacing with the IT platform (system features, business processes, reporting and navigation)



First Round – Informational Sessions

August 22nd: Little Rock

AFMC Offices
1020 West 4th Street
MPR A & B

August 23rd: Fort Smith

AFMC Offices
Central Mall, 511 Rogers Ave.
MPR A

August 28th: Hope

Univ. of Arkansas Hope 2500 South Main Hempstead Hall

August 29th: Pine Bluff

Jefferson Regional Medical Ctr. 1600 West 40th Ave. Henslee Rooms J & R

August 31st: Jonesboro

St. Bernard's Hospital
505 East Washington
Auditorium



Questions

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