Arkansas Developmental Disabilities Transformation

Stakeholder Information Sessions

October, 2017

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The Initial Plan

To direct allocated resources towards providing services to people with developmental and /or intellectual disabilities or delays, based on each person's level of need, in order to accomplish the following:

- Maximize the developmental and functional outcomes of children and adults receiving services while promoting greater independence

- Save taxpayer dollars by maximizing efficiency while continuing to ensure quality of life, health and safety

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Targets for DD Savings

Savings by year and program ($M)	SFY 17	SFY 18	SFY 19	SFY 20	SFY 21	SFY 22	SFY 17-21	SFY 18-22
Therapy Caps	$0	$18	$18	$18	$18	$18	$72	$90
Screens for Children	$0	$14	$14	$14	$14	$14	$56	$70
Independent Assessment and Tiers/ Waiver Changes	$0	$0	$0	$17	$17	$17	$34	$51
Cost – Independent Assessment	($0)	($0)	($2)	($2)	($2)	($2)	($6)	($8)
Net Savings	$0	$32	$30	$47	$47	$47	$156	$203

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Barriers

Limited use of standardized assessment

- The Stephen Group recommended more widespread use of standardized assessments for programs serving children and adults with developmental and/or intellectual disabilities or delays
- An independent, standardized assessment is mandated by the Centers for Medicare and Medicaid for Home and Community Based Services

Lack of maximum thresholds for certain therapies (speech, occupational and physical)

Over reliance on 1:1 staff rather than shared staff

Limited use of alternate supports

- The greater an individual's natural supports (i.e. family/friend involvement), the higher the person's quality of life and generally the less DDS services needed.
- However, currently, the more natural supports a person eligible for DDS services has, the lower the level of care and therefore the fewer DDS supports they will receive.
- This creates a disincentive for family/friends to provide natural supports.

Limited use of supported employment and community integration

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Therapy Thresholds

- As of 7/1/17, there are therapy soft caps for Occupational, Physical, and Speech Therapy for clients with developmental disabilities or delays
- Providers can bill 6 units per week (90 minutes) of each modality without an extension of benefits/prior authorization

Updating CHMS Requirements

Beginning in the Fall 2017, the mandatory developmental assessment will be included in the CHMS manual.

- Other changes proposed include:
  - increased staffing ratios to ensure that the needs of the target populations are effectively met;
  - changed eligibility to match definition of developmental disability under Arkansas law; and
  - barring a child from receiving both CHMS services and DDTCS during the same enrollment period.

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Change DDTCS Requirements

- Beginning in the Fall 2017, the mandatory developmental assessment will be included in the DDTCS manual for children.
- Other proposed changes include:
  - Changed eligibility to match definition of developmental disability under Arkansas law; and
  - Barring a child from receiving both CHMS services and DDTCS during the same enrollment period.

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Independent Assessments

- DDS has begun identifying clients to be assessed by a 3rd party Independent Assessment vendor (Optum).

- Clients who receive services under the DDS Waiver, clients who receive services in a private Intermediate Care Facility, clients on the DDS Waiver waitlist, and clients entering into and transitioning from a Human Development Center will be required to undergo an Independent Assessment.

- The assessment will evaluate level of need and recommend a service tier and the services to be provided in the Person Centered Service Plan (PCSP).

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Developmental Screen

- The same 3rd party vendor will conduct developmental screen on children who utilize Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS).
- The screen must be performed annually before the prescription is written.

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Questions

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Arkansas Independent Assessment

Stakeholder Information Sessions
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Purpose: Provide an Overview of:

1 Independent Assessment

2 Optum's Role, Tool and Process

3 Assignment of Tiers

4 Transformation and Training

5 Timeline

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Medicaid Transformation and Assessments

- 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

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Optum's Role

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

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Who will receive an Independent Assessment?

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

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

DDS
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 (*development screen*)

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Who will conduct Independent Assessments?

DAAS

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

DBHS

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

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

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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 administration

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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

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),

Employment

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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

Person engages in, or would without an intervention, the use language verbally, through written words or symbols non-verbally through facial expressions, gestures or signs which threaten psychological, emotional or physical harn towards others.

- O No
- O Yes

If 'Yes' was selected, the following questions will be displayed:

Check all that apply:
- ☐ Attempts to intimidate through aggressive gestures with no physical contact
- ☐ Goading
- ☐ Intimidation/Staring
- ☐ Manipulative - verbal/gestural
- ☐ Resistive to care
- ☐ Swears at others
- ☐ Taunting/Teasing
- ☐ Verbal threats

Intervention: Support and/or services provided by staff and/or caregiver
- O Requires no intervention
- O Needs interventions in the form of cues – responds to cues
- O Needs redirection - responds to redirection
- O Needs behavior management or instruction - resists redirection/intervention
- O Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:
- O None
- O Less than weekly
- O One time per week
- O Two times per week
- O Three times per week
- O 4 or more times per week but not daily
- O Daily

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DDS Tier Descriptions

DDS

Tier One
Beneficiary receives a state plan service such as therapy, day treatment, or Personal care due to their developmental disability or delay.

Tier 2
Beneficiary meets Institutional Level of Care criteria but does not need 24 hours a day 7 days a week of paid supports and services to maintain current placement.
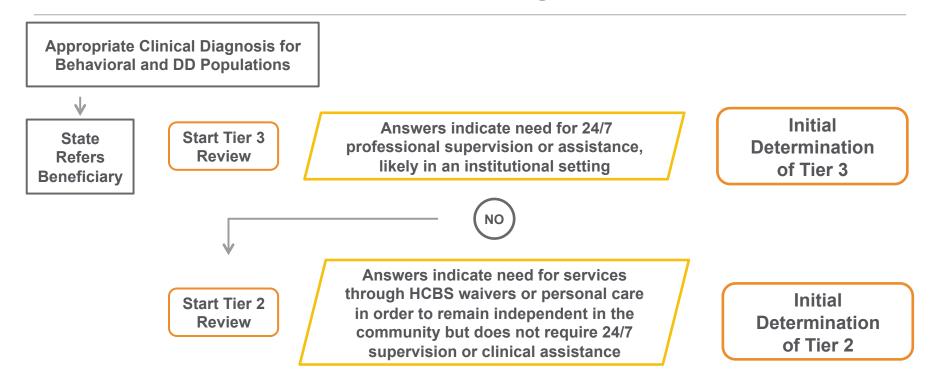
Tier 3
Beneficiary meets Institutional Level of Care criteria and needs 24 hours a day 7 days a week paid supports and services to maintain current placement.

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Overview of Generic Tiering Process

Appropriate Clinical Diagnosis for Behavioral and DD Populations

↓

State Refers Beneficiary

Start Tier 3 Review

Answers indicate need for 24/7 professional supervision or assistance, likely in an institutional setting

Initial Determination of Tier 3

NO

Start Tier 2 Review

Answers indicate need for services through HCBS waivers or personal care in order to remain independent in the community but does not require 24/7 supervision or clinical assistance

Initial Determination of Tier 2

Each DHS Division has defined Arkansas specific tiering criteria for their beneficiaries

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Who gets the DDS results?

State Division
Initial tier determination and summary of Independent Assessment
For review and authorization of service array and PASSE assignment

Care Coordinator/Care Planner
Tier determination and summary of Independent Assessment

Provider
Tier determination and summary of Independent Assessment via secure email
Implementation of Plan of Care

Beneficiary, Guardian, Family
Tier determination and summary of Independent Assessment

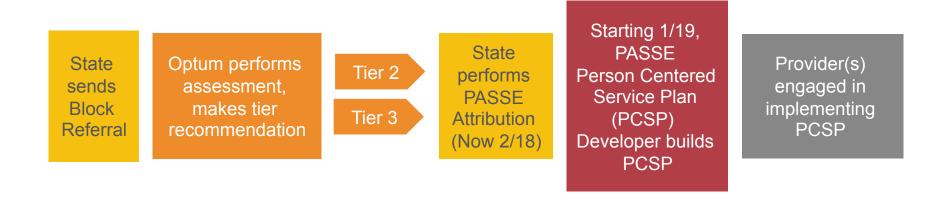**OPTUM®**

Provider Summary Input to IA Process

Providers can submit summary information on beneficiaries to help assessors plan for interviews

- Initial draft of form includes
  - Verification of beneficiary demographic and contact information
  - Clinical summary and primary diagnoses
  - Recent changes in condition that could impact assessment results
  - Physical contributors to behavior/functioning
  - Recent events that may influence emotional/behavioral functioning
  - Recent events that may influence physical functioning
  - Limited space for response

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DDS Workflow – Wait List

State sends Block Referral → Optum performs assessment, makes tier recommendation → Tier 2 / Tier 3 → State performs PASSE Attribution (Now 2/18) → Starting 1/19, PASSE Person Centered Service Plan (PCSP) Developer builds PCSP → Provider(s) engaged in implementing PCSP

- Those on Waiting List receiving services through an Interim Plan of Care continue in services pending IA

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Scheduling for Private ICFs by Provider Site

Each month, State sends beneficiary lists to Optum and to Provider sites

Provider checks for beneficiaries that no longer receive services, proposes to add those new to services

Optum and Provider coordinate plan for site based scheduling

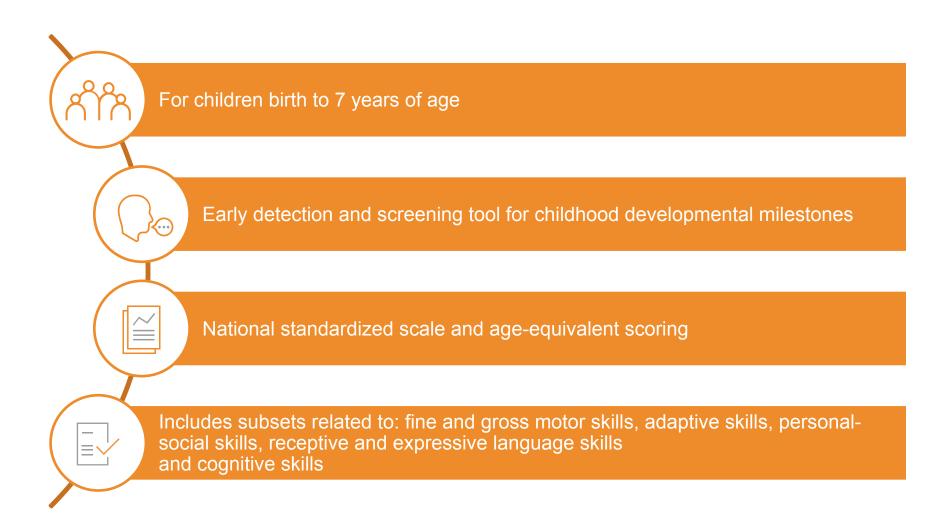Optum sends a notification letter to beneficiaries

Optum calls to schedule interviews over upcoming month

Optum conducts interviews at beneficiary home or provider site

Battelle Developmental Inventory Screen

For children birth to 7 years of age

Early detection and screening tool for childhood developmental milestones

National standardized scale and age-equivalent scoring

Includes subsets related to: fine and gross motor skills, adaptive skills, personal-social skills, receptive and expressive language skills and cognitive skills

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DDS Screen Workflow

Primary Care Provider (PCP) Refers Beneficiary to Day Treatment Provider (CHMS/DDTCS)

Family Seeks Services from Day Treatment Provider (CHMS/DDTCS)

Day Treatment Provider Refers to DDS for Screen

Optum performs Battelle Screen, calculates score

Refer →

Day Treatment Provider performs in depth assessment, refers to PCP for prescription

Primary Care Provider (PCP) Prescribes Day Treatment Services (CHMS/DDTCS)

Pass

Day Treatment Provider Re-refers to PCP, no services authorized

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Timeline for IA Referrals

DBHS

September – 200 Assessments

October – 1000 Assessments

November – June - ~ 4000 Assessments each month

30,000+ Assessments completed June 30, 2018

DDS

September – 200 Assessments off Waiting List

October – 300 Assessments off Waiting List

November – November 2018 – 5,000 Assessments

November – start of ongoing screens for new children in Day Services

DAAS

January – November 2018 – 20,650 Assessments

Reassessments based upon plan date

Personal Care only assessments for Prior Authorization

New waiver service applicants

Questions

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