Plan Approval Process for the NC Resource Allocation Model

NC Innovations Waiver Stakeholder Meeting

Raleigh, NC

November 7, 2014

BRAINSTORMING

What are the challenges with the current Plan Approval Process?

How do we design a Plan Approval Process so we remain accountable to the person, while remaining both clinically and financially responsible to the system, while allowing the individual to reach their dreams?

If you can change anything about the Plan Approval Process, what would that be?

OBJECTIVES FOR SESSION

- Familiarize stakeholders with how a Resource Allocation Model works in a Plan Review Process.

- Obtain feedback from stakeholders regarding the draft Resource Allocation Plan Approval Process.

What are the Recommendations for Change?

- Goals of the Innovations Waiver

- How might changes look?

What are the Recommendation for Change?

Feedback and Questions

We will be asking for your feedback to assist us in our work to finalize Plan Approval Process recommendations that will complement the NC Resource Allocation Model.

We also encourage you to ask questions during this time.

GOALS OF THE INNOVATIONS WAIVER

Goals of the Innovations Waiver

The purpose of the NC Innovations Waiver is to provide an array of community-based services and supports that promote choice, control, and community membership.

These services provide a community alternative to institutional care of person who require an intermediate care facility-intellectual and developmental disabilities (ICF-IID) level of care.

Goals of the Innovations Waiver

Goals of NC Innovations Waiver

(1) To value and support waiver participants to be fully functioning members of their community

(2) To promote promising practices that result in real life outcomes for participants

(3) To offer service options that will facilitate each participant's ability to live in homes of their choice, have employment or engage in a purposeful day of their choice and achieve their life goals

(4) To provide the opportunity for all participants to direct their services to the extent that they choose

Goals of the Innovations Waiver

Goals of NC Innovations Waiver, Continued

(5) To provide educational opportunities and support to foster the development of stronger natural support networks that
enable participants to be less reliant on formal support systems
(6) To ensure the wellbeing and safety of the people served
(7) To maximize participants' self-determination, self-advocacy and self-sufficiency
(8) To increase opportunities for community integration through work, life-long learning, recreation and socialization
(9) To deliver person centered services that leverage natural and community supports
(10) To provide quality services and improve outcomes

Goals of the Innovations Waiver

Objectives of the NC Innovations Waiver

(1) Enhancing the focus on person centered planning and aligning services and supports with person centered plans

(2) Reforming residential service to facilitate smaller community congregate living situations

(3) Facilitating living and working in the most integrated setting

(4) Improving outcome-based quality assurance systems

Goals of the Innovations Waiver

How are the goals of the Innovations Waiver incorporated into a resource allocation model?

(1) A Resource Allocation Model provides the ability to ensure flexibility and align resources with needs at an individual and system level.

(2) A Resource Allocation Model allows for a shift to a less intensive front-end review and more intensive retrospective review.

WHAT ARE THE RECOMMENDATIONS FOR CHANGE?

What are the Recommendations for Change?

WHAT WILL STAY THE SAME WITH A RESOURCE ALLOCATION MODEL?

- Individuals must be eligible for Medicaid or be determined to qualify for Medicaid.

- Individuals must meet ICF-IID Level of Care.
  - Level of Care is confirmed yearly for individuals receiving services under the NC Innovations Waiver.

What are the Recommendations for Change?

WHAT WILL STAY THE SAME WITH A RESOURCE ALLOCATION MODEL?

- Each individual receiving services under the NC Innovations Waiver works with their Care Coordinator to develop a plan that includes a combination of unpaid, natural supports from family, friends, co-workers, and community members, as well as Home and Community Based Waiver supports.

- All types of support are important and will be woven together into a plan that meet and support the person's needs, goals, preferences, and dreams.

What are the Recommendations for Change?

WHAT WILL BE CHANGING WITH THE RESOURCE ALLOCATION MODEL?

- The implementation of a model and a plan approval process that is sustainable and predictable but that also recognizes the fact that the needs of individuals are not static:
  - There will be a number of different clinical descriptions that are developed from clinical data and utilization data for the model.
  - There will also be different clinical descriptions identified for situations when individuals experience a temporary or permanent need that requires more support than captured by the clinical description.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Temporary Needs

The situation is expected to be resolved within six months. If the situation cannot be resolved within six months, the need may now shift to a permanent need.

Example of a Temporary Need: Individual's caregiver breaks his/her hip. Additional respite is needed for the caregiver and additional supervision is needed for the individual during the caregiver's recovery.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Permanent Needs

The situation is not expected to be resolved within six months.

Example of a Permanent Need: Individual is diagnosed with dementia, and he/she is beginning to forget how to do things. Additional support is now needed now to provide supervision and structure. With a diagnosis of dementia, it is likely the support needed will continue to steadily increase.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

The resource allocation model has multiple avenues in place to address additional needs, whether the needs is temporary or permanent.

Ultimately, if an individual has needs that cannot be met within their assigned clinical description, services will be authorized to meet those needs.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

- Individuals who occupy an NC Innovations slot or who have been offered an NC Innovations slot will be informed of their clinical description.

- They will work with their Care Coordinator to choose services that meet their needs and reflects their dreams and goals.

- If an individual needs additional support due to a temporary or permanent need, they can work with their Care Coordinator to request additional supports.

THE PLAN APPROVAL PROCESS – WHAT ARE THE RECOMMENDATIONS FOR CHANGE?

What are the Recommendations for Change?

WHAT IS NOT CHANGING WITH THE RESOURCE ALLOCATION MODEL?

1) Requests for ISP approval and service authorization are made to the LME/MCO. The LME/MCO adheres to the timelines identified in State Laws and Regulations

2) If a request for services is denied, the individual will be informed of their applicable appeal rights

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Plan Review Process

When following a Resource Allocation Model, the following three components are included in the plan review process:

- Health and Safety
- Waiver Compliance
- Support Needs

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Plan Review Process

Health and Safety

The Health and Safety component of the plan review looks at the assessments and information within the plan to ensure that any risks that are identified for the individual (i.e. community risks, medical conditions) are adequately addressed.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Plan Review Process

Waiver Compliance

The Waiver Compliance component of plan review ensures that the plan complies with the services and policies contained in the Innovations Waiver.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Plan Review Process

Support Needs

The Support Needs component of plan review confirms that the needs of the individual align with the services and supports that are being requested in the plan.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Retrospective Reviews

- Retrospective reviews look back at services that were delivered.
  - This may be done for an individual, for a provider, for a service, for clinical descriptions, and/or for the model.
- Retrospective Reviews allow the plan review process to honor the decisions of the planning team and to assure that the services and supports that were delivered achieved the outcomes desired.

What are the Recommendations for Change?

WHAT IS CHANGING WITH THE RESOURCE ALLOCATION MODEL?

Retrospective Reviews

Examples:

Clinical Description: If there was some evidence to suggest that a pattern of service underutilization for a particular clinical description was occurring, a review may be conducted to explore this situation.

Model: A Clinical Validation of the entire model occurs periodically to assure that the model continues to be clinically sound and flexible enough to meet the unique needs of individuals.

HOW DID WE DO?

❑ Did we address the challenges with the current Plan Approval Process?

❑ Did we design a Plan Approval Process process that remains accountable to the person, while remaining both clinically and financially responsible to the individual and system?

❑ Did the outlined changes address what would be different about the Plan Approval Process?

FEEDBACK AND QUESTIONS