DS Statewide Advisory Committee Meeting

DECEMBER 18, 2018

The purpose of the DS payment reform project is to create a transparent, effective, and administrable payment model for DS services that aligns with the Agency's broader payment reform and health care reform goals.

HELPFUL TO DIFFERENTIATE BETWEEN MODEL/DESIGN OPTIONS	NECESSARY TO BUILD INTO ANY MODEL	
Address provider financial risk	Revenue neutral	Scalable to accommodate providers of different sizes and increases or decreases in number served
Administrable	Based on service level and financial data that is consistent, reliable, verifiable, and accurate	Maintains at least the status quo regarding access
Easy to understand	Contemplate quality measurement development and reporting	Support zero-reject system
Predictable and sustainable financing	Transparent regarding the services paid for	Person Centered
Accommodate outliers	Avoids unnecessary administrative burden	Equitable across individuals and providers
Avoids cherry-picking		Objective

DS Statewide Advisory Committee Meeting:
Dec 18, 2018

MEETING OBJECTIVES

1. Reinforce values and goals of DS payment reform project

2. Gain Advisory Committee feedback from Rate Study Meeting

3. Review reports from work groups

MEETING AGENDA

Welcome

Feedback from prior advisory committee meeting

Preliminary thoughts from rate study meeting

Work group updates

Planning for next meeting

Public comment

The November 2 Advisory Committee Meeting focused on project workgroup structure and organizational planning

Requests were made for….

- DAIL to send all materials to VCP in order to share with provider network
- Action: Lynne will be included in all meetings

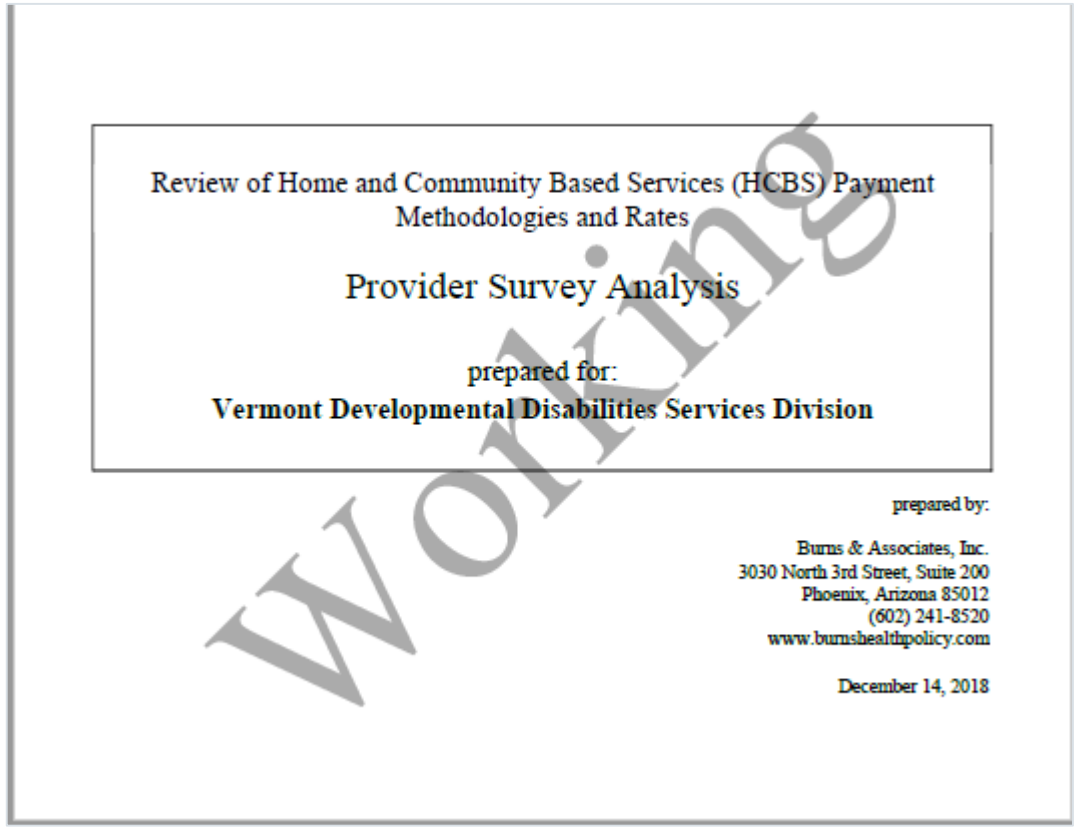
- meeting information on the website
- Action: Website postings have started, call in numbers are included

Interest voiced for….

- including an article on the website which assessed various tools (relative to the Standardized Assessment Work Group)
- Action: No link is currently available to a document referencing the work performed by Colorado, permission is needed to post

- values to be included with each meeting– reminder of criteria
- Action: Done, see slides. Will be included in work groups

Burns & Associates conveyed provider survey results and providers offered clarifying insights at the December 14th rate study meeting


Review of Home and Community Based Services (HCBS) Payment Methodologies and Rates

Provider Survey Analysis

prepared for:
Vermont Developmental Disabilities Services Division

prepared by:

Burns & Associates, Inc.
3030 North 3rd Street, Suite 200
Phoenix, Arizona 85012
(602) 241-8520
www.burnshealthpolicy.com

December 14, 2018

Working

Purpose of the meeting:

- A check in to determine whether figures "make sense"
- Feedback will be used to determine whether any results may be less reliable

Selected take-aways:

- Direct support professional wages reported to be above-market, compared to other states and some similar in state services
- Wages for "higher level" staff somewhat less than what may be expected
- Turnover rate for direct care workers is less that what Burns / SP has seen across the country
- Robust benefit packages, but significant range between agencies

Providers will be contacted by Burns & Associates to verify any information or input needed

Data completeness and quality of data

- Better than is typical; maybe due to small provider group and ability to talk to group individually
- Completeness was strong
- Quality-wise, some areas remain unclear

Next steps

- Stephen Pawlowski will follow up with providers with questions during the week of December 17th
- Burns & Associates will finalize numbers
- Final report to be developed (no date yet)

The Standardized Assessment Work Group is focusing on the adoption of a uniform, standardized assessment tool for determining what services individuals need

Assessment tool options are being reviewed as well as the process for transitioning to a new tool. The workgroup will provide direction and input for implementation.

Work Group Goals, planning stage
• Gather facts and comparisons to other tools • Develop a preference for a standardized approach • Address internal process requirements and changes needed for existing procedures

Standardized Needs Assessment: Update

Workgroup arrived at consensus that the Supports Intensity Scale appears to be the most viable option for a standardized assessment tool, with the following caveats and concerns:

- what supplemental questions would be needed to be added to adequately determine funding levels
- how funding exceptions or 'outliers' would be addressed
- who would perform the assessment
- how much a transition to the SIS would cost
- how the SIS assessment would (or would not) be used for a person-centered plan
- how the SIS would (or would not) be used in determining staffing including staff skill and training
- protocols for reassessments
- How the workflow would be designed which could potentially impact the zero-reject premise of the current system
- how minor changes in needs, funding or service plans would be addressed in a workflow
- how major changes in needs, funding or service plans would be addressed in a workflow

Note: the workgroup recommends that should the cost of implementing the SIS be found prohibitive, DAIL/DDSD consider revamping and expanding the current Vermont needs assessment, with an improved training process, such that the current needs assessment's equity/consistency/reliability could be improved.

Pause the payment model workgroup; collaborate with other work groups as needed

Standardized Needs Assessment: Next Steps

The Encounter Data Work Group is focused on the process provider agencies use to report to the state the services delivered to participants

What?

- A single source of Truth about payments and services for Medicaid members across programs

How?

- The Medicaid Management Information System (MMIS) (the State will always have such a system)

Why?

- Accountability: Medicaid payment models cannot be transparent or accountable (to recipients of services, Vermont taxpayers, or CMS) if encounter data is unavailable, incomplete, or inaccurate.
- Compliance: The State cannot be compliant with Program Integrity requirements if encounter data exists outside the MMIS.
- Measurement: The State cannot effectively monitor programs or establish new payment models if encounter data exists in multiple (and disconnected) databases and formats
- Fiscal Responsibility: Medicaid cannot bill other payers (where applicable) without accurate encounter detail to maximize public payer resources

The Encounter Data Work Group is focused on the process provider agencies use to report to the state the services delivered to participants

Providers will be reporting services through the Medicaid Management Information System (MMIS). The workgroup will provide input into implementation of this new process.

Work Group Goals	Status Update
• Identify appropriate billing codes for use in determining what services were delivered to individuals.	• The work group is currently reviewing a broad list of potential codes identified by State and provider work group participants. Primary goals include 1) identifying codes that best represent DS services, and 2) aligning with codes already in use wherever possible. • Next steps include consulting DVHA reimbursement unit for additional coding guidance.
• Understand MMIS systems changes needed to accept identified billing codes and ensure MMIS systems readiness.	• State team has begun to meet with team from DXC Technology to discuss MMIS systems operations and needed changes. MMIS changes will not occur until finalized code list is available.
• Ensure provider readiness to submit encounter claims using appropriate billing codes.	• Working to identify perceived challenges and barriers to be addressed in future meetings.

The Payment Model Work Group is determining model preference and path for new model “roll out”

A transparent, effective, and administrable payment model for DS services will align with the Agency’s broader payment reform and health care reform goals.

Four key assumptions support the model

We will have an assessment approach that will allow tier determinations to be made and updated	We will have regular and accurate submission of encounter information to the MMIS	We will have reference prices for all services included in the case rate	Eligibility criteria will not change

The Payment Model Work Group is determining model preference and path for new model “roll out”

A review of a straw payment model, model options and examples from other states resulted in detailed exploration of payment tiers. The rate model survey will inform the process.

Work Group Goals, project planning phase	Status Update
• Initiate provider rate survey	• Half-day provider presentation to review study results held on December 14. Next steps: Final report from Burns likely Q2 to be informed by further state collaboration
• Review straw payment model and select model preference	• Matrixed tier model seen as most viable. Next steps: determine what bundles will look like, how to handle groupings, define basis of payments • Work will continue with Burns & Associates
• Develop preliminary view of services to be included in bundles	• Human Services Research Institute (HSRI) presentation offered view of support level framework on Nov 29. Next steps: further investigation of matrixed tier components

Building Personal Supports Budgets for Adults with Intellectual/Developmental Disabilities

Information Brief

Supports Intensity Scale and Assessment Levels

January 2016

A personal "supports budget" is an individually based, prospectively-determined amount of funds that is made available to a person to provide services. The amount is determined given an objective assessment of the extent of an individual's support needs, as well as the person's type of residence (e.g., community residence, with family) and age (e.g., up to 22 years old, and older than 22 years). In the event of extraordinary personal needs, an "exceptions review process" is also used to assure that such needs are appropriately addressed.

When applied, the individual (and his or her guardian) is made aware of this budget in advance of a service planning meeting and may exercise some amount of discretion over how the allocated funds are used to acquire preferred services. The amount of discretion afforded the individual depends on the person's type of residence and/or policy decisions made by policy makers.

An important part to this effort involves an assessment of support needs using the Supports Intensity Scale® (SIS). (Go to: aaidd.org/sis)

Prepared By

Human Services Research Institute
7690 SW Mohawk Street
Tualatin OR 97062
503-924-3783
www.hsri.org

Contacts

John Agosta (JAgosta@hsri.org)
Jami Petner-Arney (JPetnerarney@hsri.org
Yoshi Kardell (YKardell@hsri.org)
Alena Vazquez (AVazquez@hsri.org)
Risa Rojas (RRojas@hsri.org)
Brittany Taylor (Btaylor@hsri.org
Megan Villwock (mVillwock@hsri.org)

Of course, this assessment cannot pinpoint every specific support a person needs day-to-day. These specifics are best determined during planning meetings to set individual person-centered plans. In other words, the SIS assessment should not direct the makeup of a plan, but the information it provides may be used to inform the plan. In addition, the SIS information will help policy makers understand the amount of support a person needs in relation to other people receiving services.

Based on the SIS assessment and responses to supplemental questions (if needed), each person receiving services is assigned to one of seven support levels, generally from least to most support. A person's level assignment, in turn, allows policy makers to estimate the average type and amount of services a person might use, depending on his or her age and place of residence. This approach helps individuals to get the services they need to live in the community. It may also help policy makers to allocate resources fairly and serve as many as possible.

There are many parts to this process that must be developed to make supports budgets work the way they are intended. The purpose of this *Information Brief* is to describe the SIS and how it is used to form the seven assessment levels, and assign individuals to a level. What follows are responses to commonly asked questions about the SIS and the seven levels.

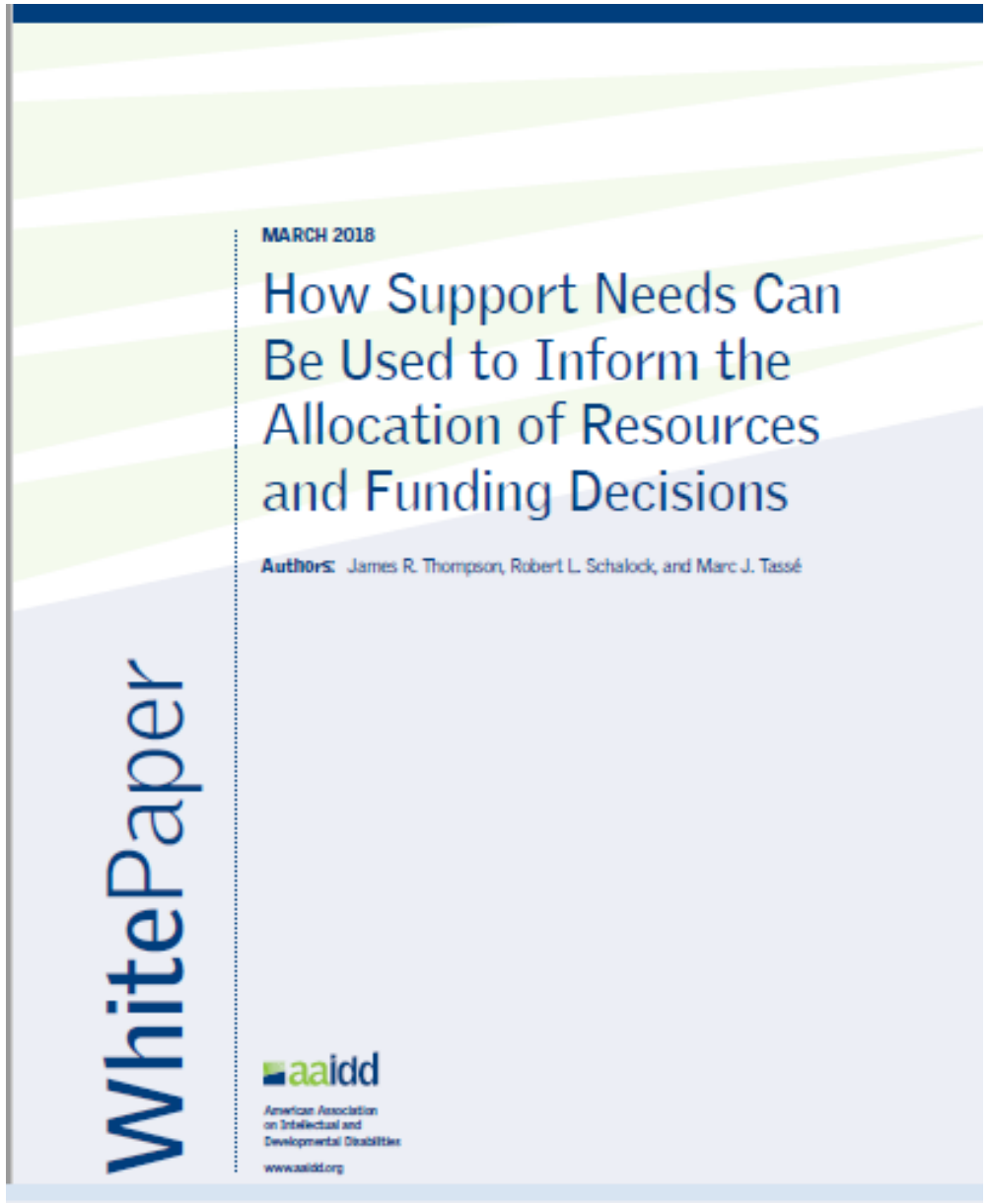
Person-centered article from HSRI helps align thinking about creation of individualized budgets and building person-centered planning*

"Person-centered planning is a process directed by the person for whom the plan is for, resulting in a summary of the individual's dreams, aspirations, goals and support needs as well as a description of the services and supports that will be provided in response."

"A supports budget is a targeted amount of money, or allocation that is available to individual service recipients to acquire the services they need and prefer."

Our objective is to integrate person-centered planning and the supports budgeting processes

* Sent to advisory committee week of Dec 9



Support needs article from the American Association on Intellectual and Developmental Disabilities (aaidd)* discusses creation of service mixes and individualized budgets

With a support-level framework, individualized budgets may be established for each support level

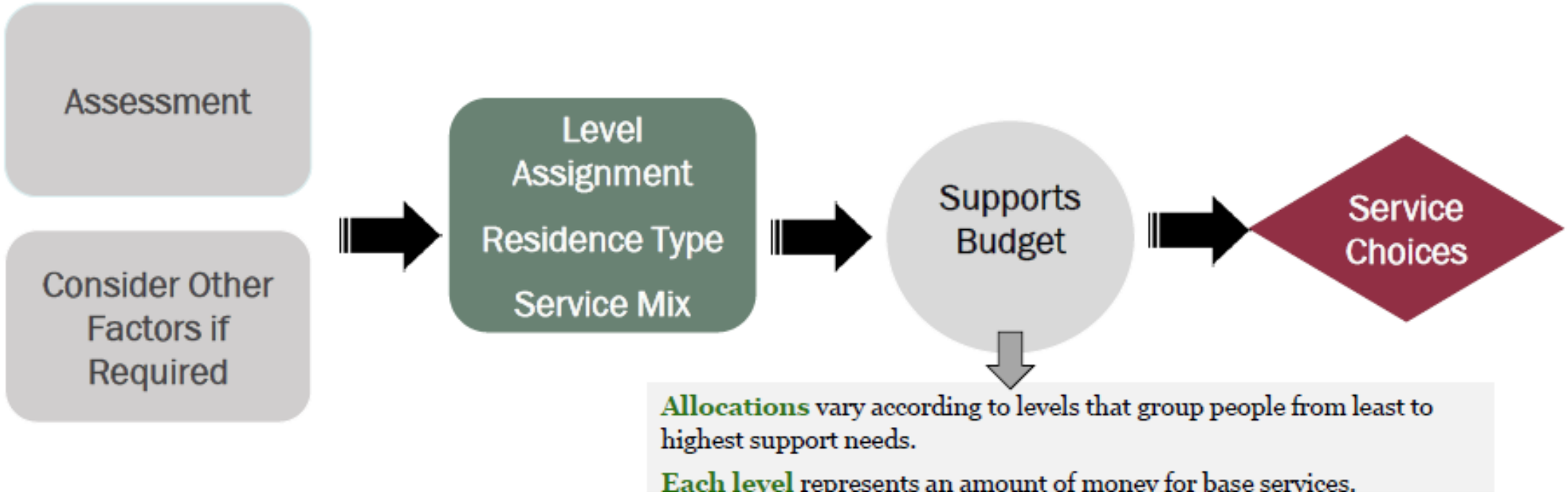
It must be decided what services should be offered in response to information on the intensity and nature of a person's support needs

Budgets are adjusted based on the residence types available (e.g. supported or shared living, family home, group home or paid residence

A preliminary service mix for each support level by residence type would be established

* Sent to advisory committee week of Dec 9

The payment model is the foundation for the development of supports budgets / anticipated budget allocation for individual recipients



Personal supports budgets result in service choices which tie to supports needs

From Nov 29 HSRI presentation, demonstrating the linkage of supports budget to the entire process

Payment Model Criteria

	Flat Rate	Tiered Rate	Floating Rate
Easy to understand	Most straightforward to understand. All payments are the same.	Straightforward to understand; requires familiarity with how tiers are assigned.	Most complicated to understand; requires familiarity with all criteria used to adjust payment.
Administrable	Most straightforward to administer. All payments are the same.	Administration requires tracking tier assignments (and changes) by individual.	Administration requires tracking rate assignments (and changes) by individual.
Avoids cherry-picking	No. Incentive to maximize payment by serving individuals with lowest need.	Mitigates. Incentive to maximize payment by serving individuals with varying levels of need.	Mitigates. Incentive to maximize payment by serving individuals with varying levels of need.
Predictable financing	Most predictable financing for providers. All payments are the same.	Predictable for providers, especially if tier assignments do not change frequently.	Predictable for providers, especially if rate assignments do not change frequently.
Sustainable financing	Most straightforward for state budgeting. (payment amount * frequency * caseload)	Straightforward for state budgeting with good understanding of population tier distribution.	Straightforward for state budgeting with good understanding of population tier distribution.
Address provider financial risk	Risk and outlier provisions can be customized for any model.		
Accommodate outliers			

We can move to a more granular (but tangible) concept*

2 factors are key drivers

1. Where someone lives = residence tier **

Family Home	Own Home	Group Home	Host Home

2. Level of services needed = support tier

Support Level 1
Support Level 2
Support Level 3
Support Level 4
Support Level 5

* And avoid “one size fits all”

** where someone lives is typically the #1 source of cost

Resulting 20 “tier” is actually more of a 20 cell/level matrix

Person-centered budgets

- Should be built to empower the individual
- We must build in assumptions for services and then price them out
- Decisions can be made as to how services are used

Support Level	Family Home	Own Home	Group Home	Shared Living
1	*	*	*	*
2	*	*	*	*
3	*	*	*	*
4	*	*	*	*
5	*	*	*	*

HSRI* presented a similar concept to the payment model group on November 29**

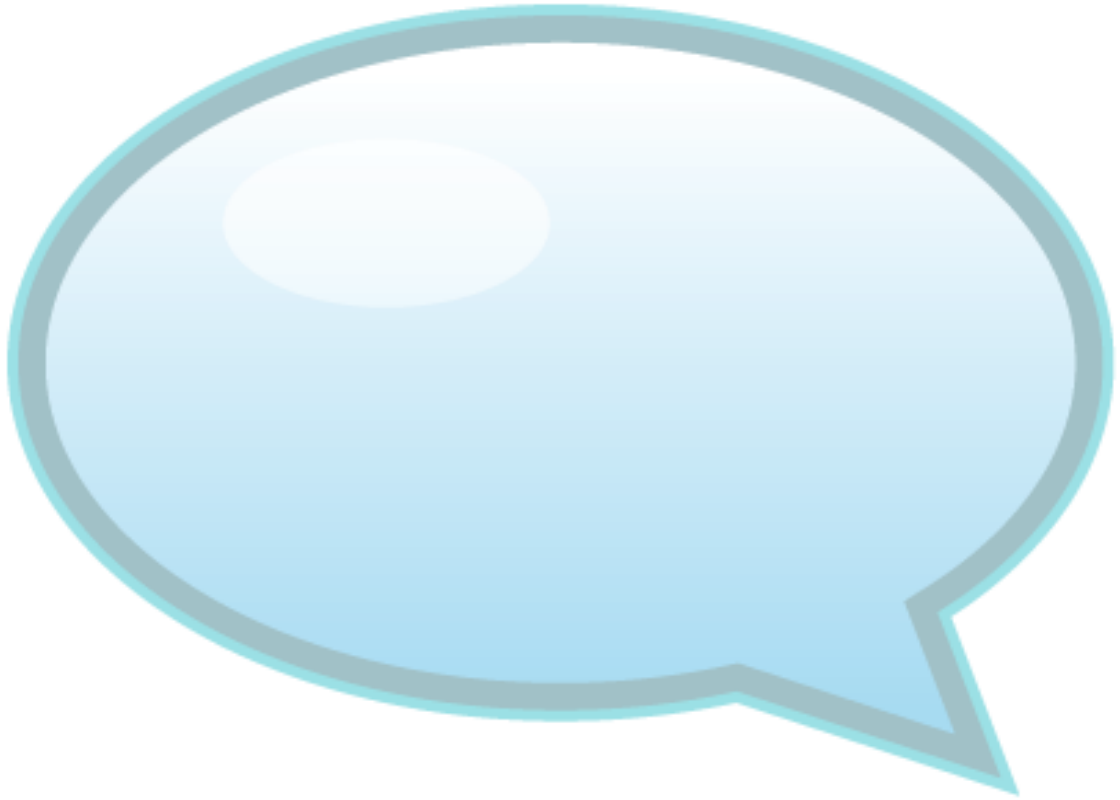
- Determinants of budget amount result in a matrix concept
- Targeted amount of money for individual recipients populate the matrix
- Similar to Burns concept

Support Level	Family Home	Own Home	Group Home	Host Home
1	x	x	x	x
2	x	x	x	x
3	x	x	x	x
4	x	x	x	x
5	x	x	x	x

Service Mix

* Human Services Research Institute

** "Enhancing Supports for People with Intellectual & Developmental Disabilities"



Public Comment?

Next steps

1. Gather feedback from stakeholders you represent in order to report back to the Statewide Advisory Committee at our next meeting