



TOWN HALL

HOME- AND COMMUNITY-BASED WAIVER REDESIGN

Commonwealth of Kentucky
Department for Medicaid Services

May 2018

TOWN HALL AGENDA

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 - FOCUS AREAS
 - GOALS
- **NAVIGANT'S PRELIMINARY RECOMMENDATIONS**
- **NEXT STEPS**
- **PUBLIC TESTIMONY**
- **CLOSING**

ASSESSMENT PROCESS

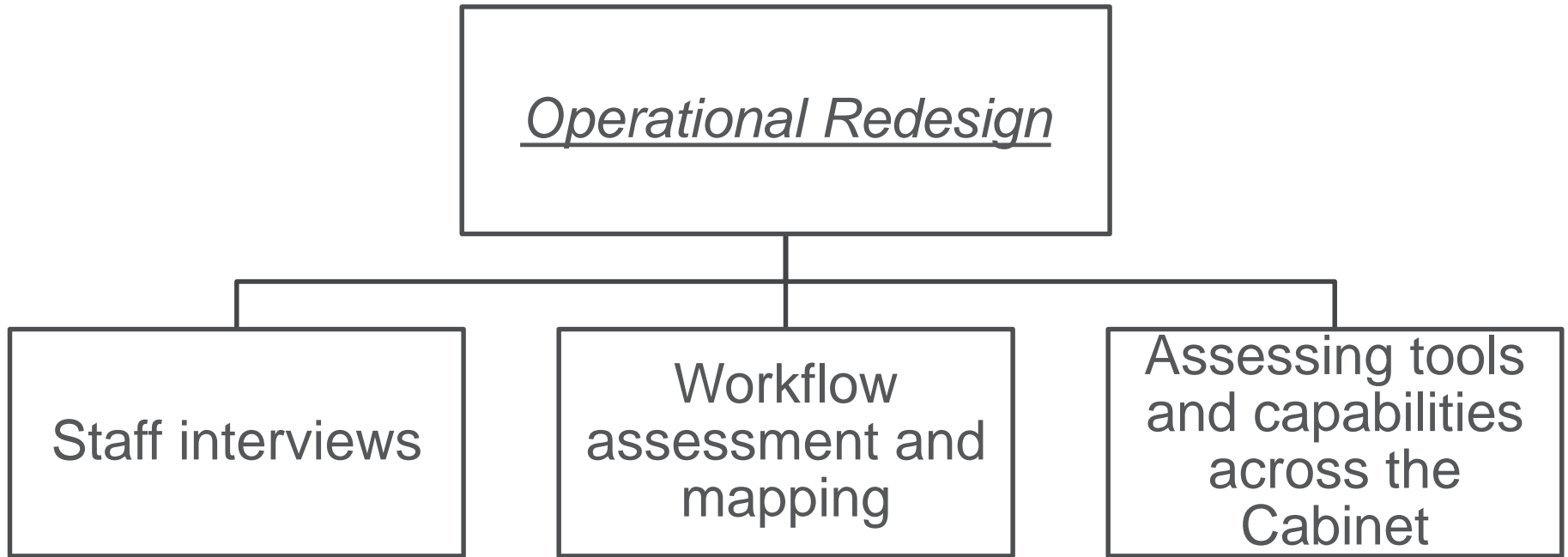
ASSESSMENT FOCUS AREAS

*Operational
Redesign*

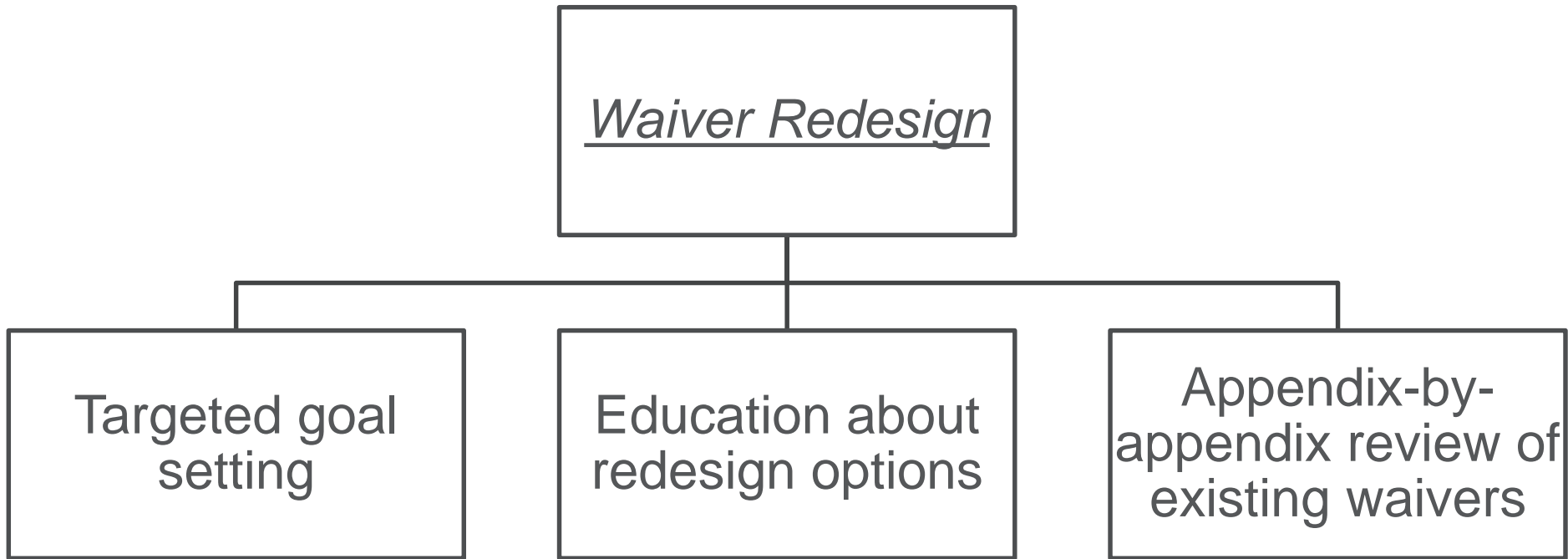
Waiver Redesign

*Stakeholder
Engagement*

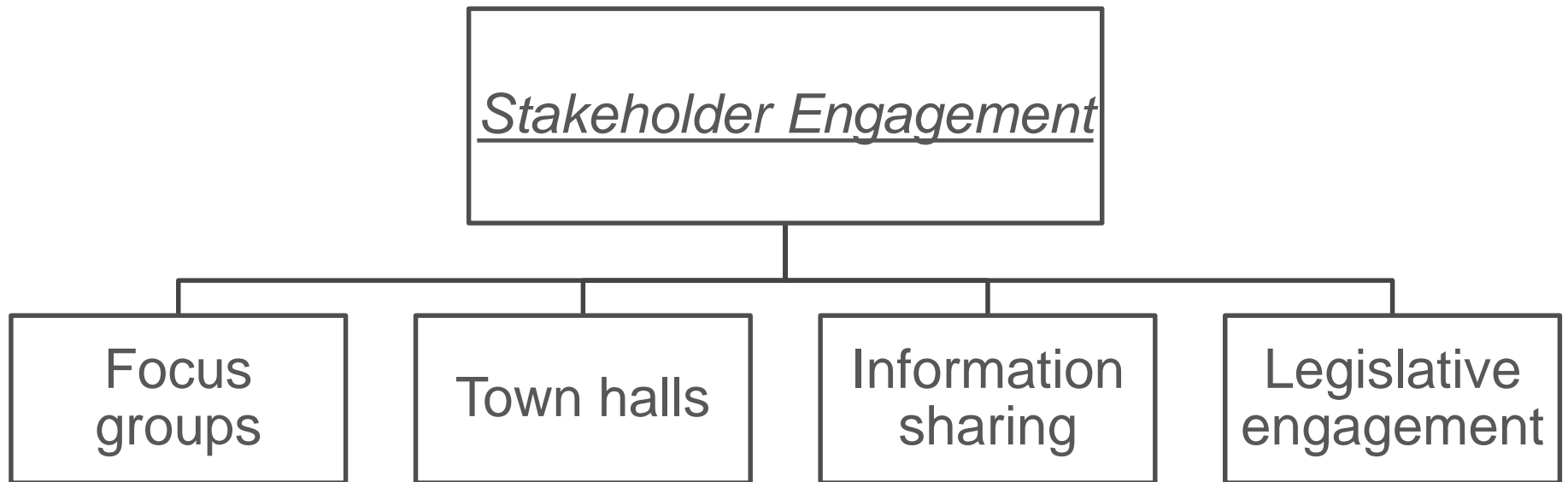
ASSESSMENT FOCUS AREAS: OPERATIONAL REDESIGN



ASSESSMENT FOCUS AREAS: WAIVER REDESIGN



ASSESSMENT FOCUS AREAS: STAKEHOLDER ENGAGEMENT



GOALS FOR KENTUCKY'S HOME- AND COMMUNITY-BASED WAIVER PROGRAMS

Number	Goal
Must have	Be feasible to implement within timeline and budget
1	Enhance quality of care to participants
2	Maximize consistency in definitions and requirements across waivers
3	Implement a universal participant assessment and an individualized budget methodology
4	Curb preventable increases in total spend for HCBS programs

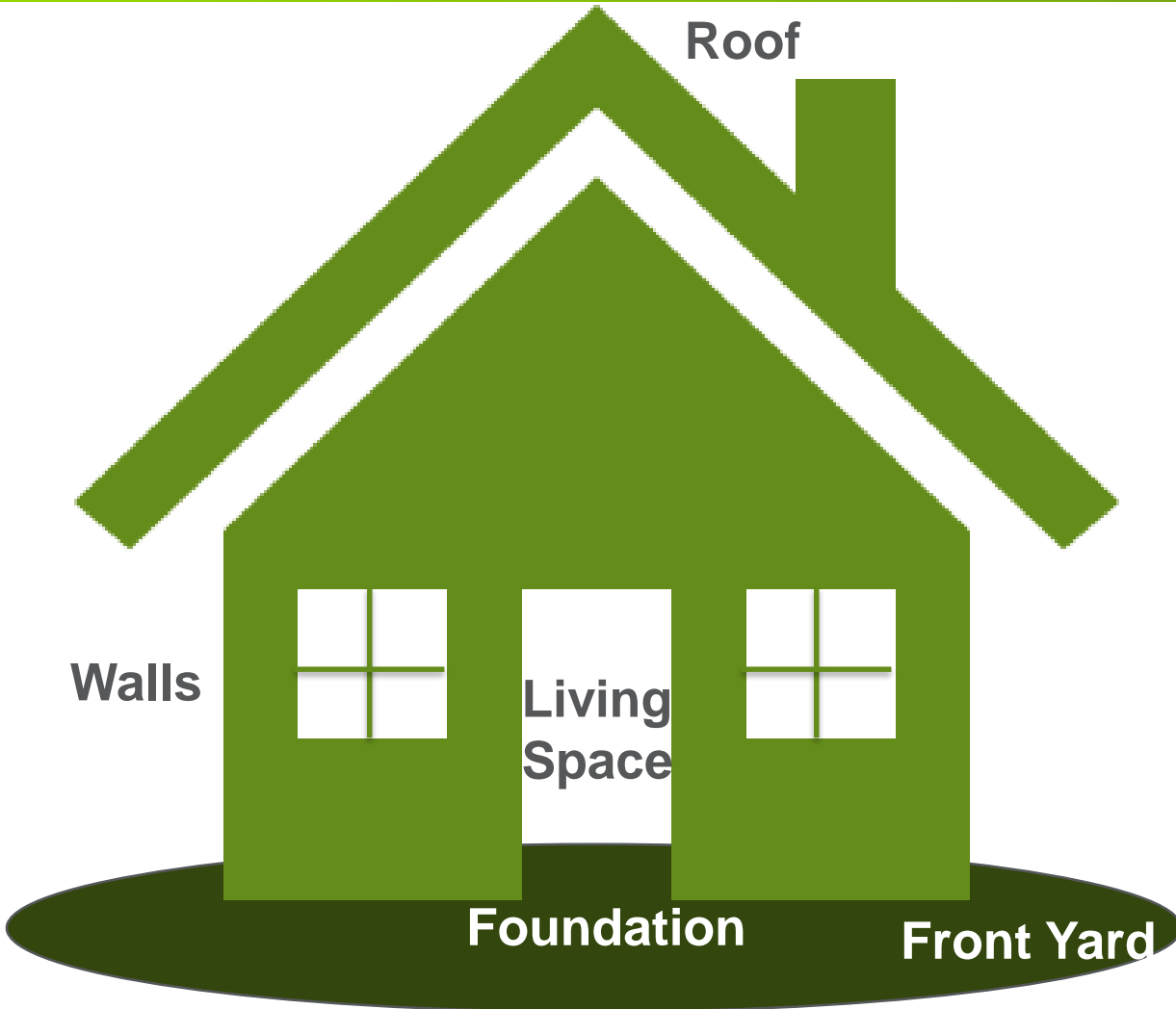
GOALS FOR KENTUCKY'S HOME- AND COMMUNITY-BASED WAIVER PROGRAMS (CONT.)

Number	Goal
5	Establish procedures for all waiver management administration activities
6	Diversify and grow provider network
7	Design services that address participant's community-based needs, including populations who are under-served or not served by today's waivers
8	Make provider funding consistent with reasonable and necessary HCBS program costs
9	Optimize case management to support person-centered planning and abide by conflict free case management regulation



NAVIGANT'S PRELIMINARY RECOMMENDATIONS

A METAPHOR: BUILDING A “HOME” FOR HOME- AND COMMUNITY-BASED SERVICES



RECOMMENDATION 1.1: STANDARDIZE WAIVERS

1.1 Standardize provider and service definitions across 1915(c) waivers, including waiver-specific regulations included in Kentucky Administrative Regulation (K.A.R.)

Recommendations include:

- Revise existing waivers to **standardize terms and definitions while tailoring waiver-specific language as needed**, improving clarity in processes and expectations
- **Reduce operational protocols** within regulation and develop user-friendly handbooks instead
- Use the waiver application as the **primary source** of guidance instead of regulation



Foundation

RECOMMENDATION 1.1: STANDARDIZE WAIVERS (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Improved communications among staff, providers, and participants would use common terms with similar definitions across the waivers
- Participants and providers would better understand programs, making it easier if a participant needs to change waivers or if provider wants to participate in more than one waiver program

RECOMMENDATION 1.2: UNIVERSAL ASSESSMENT PROCESS

1.2 Move to needs-based care planning with a universal assessment tool, completed by an independent entity

Recommendations include:

- Move to a **validated universal assessment tool** that has sub-parts to assess the unique needs of specific disability populations (e.g., individuals who have ABI, individuals who have ID/DD, etc.)
- Identify a **standard approach to independently assess participants**, using conflict-free entities
- Appoint an **advisory panel of stakeholders** to recommend which tool may be the best fit



Foundation

RECOMMENDATION 1.2: UNIVERSAL ASSESSMENT PROCESS (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Using the same tool, likely with specialized sub-sections to population-specific needs, would more consistently capture information and reduce discrepancies across waivers
- Case managers and support brokers would be better connected to the care planning process

RECOMMENDATION 1.3: INDIVIDUAL BUDGETING METHODOLOGY

1.3 Implement needs-based individual budgeting methodology, moving away from retrospective budgeting

Recommendations include:

- Implement an **individual budgeting methodology**, to objectively allocate waiver resources based on an individual's needs
- **Change from the current approach**, which establishes budgets based on estimates driven by past use, which may not reflect the actual needs of each participant and which is not easily understood by participants and their natural supports



Foundation

RECOMMENDATION 1.3: INDIVIDUAL BUDGETING METHODOLOGY (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Would be clearer how resources are assigned to participants based on individual needs
- Would be reduced likelihood that individuals will have services that do not match their needs

RECOMMENDATION 1.4: IMPROVE OUR RATE-SETTING METHOD

1.4 Develop a sound rate-setting methodology, informed by a study of the reasonable and necessary costs incurred by providers to serve waiver participants

Recommendations include:

- **Conduct a comprehensive study of rate-setting methodology**, including a provider survey, further provider engagement, data analysis and financial modeling to establish a methodology for CMS review
- **Focus on the importance of establishing rates that are consistent with efficiency, accessibility and the quality of care standards** established under the federal requirements described in U.S.C. § 1396a (a)(30)(A)



Foundation

RECOMMENDATION 1.4: IMPROVE OUR RATE-SETTING METHOD (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Providers will have the opportunity to share information on their reasonable and necessary costs
- More sound payment methodologies may encourage providers to provide services to more waivers than they do today

RECOMMENDATION 1.5: STANDARD OPERATING GUIDES

1.5 Develop consistent operational guidelines and update training and workflows for each waiver oversight unit within the Cabinet

Recommendations include:

- **Establish standard operating procedures**, to be implemented across all teams administering waivers
- Use **updated guidelines** as the foundation for Cabinet staff training



RECOMMENDATION 1.5: STANDARD OPERATING GUIDES (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Staff across the Cabinet would be able to clearly explain how they do their work, and what next steps in a process are, when working with stakeholders.
- In turn, stakeholders would receive more consistent messages from Cabinet staff and experience less confusion.

RECOMMENDATION 1.6: STRENGTHEN CASE MANAGEMENT SERVICES

1.6 Establish and implement case management standards and training for both traditional case management and support brokers

Recommendations include:

- **Strengthen case management systems**, including more robust training, support and oversight
- **Implement systems, training and support** strategies that address ongoing concerns that some providers attempt to influence service planning in a way that could be considered a violation of federal **conflict-free case management requirements**



RECOMMENDATION 1.6: STRENGTHEN CASE MANAGEMENT SERVICES (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Case managers and support brokers would receive more support and training to improve service delivery
- Providers will have clear service expectations, including standardized tools and templates, which would bolster compliance and help care managers serve participants

RECOMMENDATION 1.7: IMPROVE PARTICIPANT DIRECTED SERVICES

1.7 Streamline Participant Directed Service (PDS) delivery by reducing the disparity between fiscal management agency (FMA) operations, and strengthening program policies and procedures

Recommendations include:

- **Improve Kentucky's PDS program** through a blend of policy and programmatic changes to address policies such as: who is eligible to direct their services, what services are allowable, and criminal background restrictions
- **Streamline the FMAs to have similar levels of technology** and systems for processing documents and for administrative responsibilities



RECOMMENDATION 1.7: IMPROVE PARTICIPANT DIRECTED SERVICES (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Participants will be better educated about the PDS program and their responsibilities so they can make informed decisions
- The Cabinet would clarify policies to minimize public confusion which could reduce the volume of grievances related to PDS denials

RECOMMENDATION 1.8: CENTRALIZE QUALITY MANAGEMENT AND OVERSIGHT

1.8 Centralize operations and oversight under one quality management business unit

Recommendations include:

- **Consolidate compliance and quality monitoring management** into a single team in DMS, centralizing decision-making authority within DMS
- This team, along with field staff from designated operating agencies, will be responsible to **drive high-quality service** delivery using consistent approaches across all waivers



RECOMMENDATION 1.8: CENTRALIZE QUALITY MANAGEMENT AND OVERSIGHT (CON'T.)

Some Anticipated Impacts on Stakeholders:

- All guidance will come from a single unit, eliminating today's siloed approaches
- Drive consistent monitoring approaches to assess compliance and quality

RECOMMENDATION 1.9: IMPLEMENT AN ONGOING STAKEHOLDER ENGAGEMENT STRATEGY

1.9 Implement an ongoing, formal stakeholder engagement process including improved use of Technical Assistance Committees (TACs) & Medicaid Advisory Committee (MAC)

Recommendations include:

- Implement strategies, including **improved communications via written and in-person engagement**, and optimize engagement of MAC, TACs and other participant-driven boards and organizations
- **Improve representation of waiver participants, their natural supports**, and other stakeholders beyond providers into TACs, to assure diversity in stakeholder input and engagement



Front Yard

RECOMMENDATION 1.9: IMPLEMENT AN ONGOING STAKEHOLDER ENGAGEMENT STRATEGY (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Better ongoing two-way communication and relationships between the Cabinet and waiver stakeholders
- Ongoing opportunities for Cabinet to receive input and hear the stakeholder perspective about HCBS design, service delivery and other topics

RECOMMENDATION 1.10: IMPLEMENT A QUALITY IMPROVEMENT STRATEGY

1.10 Implement a quality improvement strategy to increase emphasis on improving service outcomes and participant experience

Recommendations include:

- **Develop a sustainable quality improvement strategy** that can be incorporated into waiver oversight, identifying specific quality improvement initiatives for system improvement using evidence-based approaches and strategies



RECOMMENDATION 1.10: IMPLEMENT A QUALITY IMPROVEMENT STRATEGY (CON'T.)

Some Anticipated Impacts on Stakeholders:

- Implement strategies that focus more on systems improvement, not just compliance
- Stakeholders will collaborate with the Cabinet on focus areas where quality improvement is needed and will help improve participant care and/or quality of life

RECOMMENDATION 1.11: ASSESS THE MIX OF WAIVERS AFTER IMPLEMENTING RECOMMENDATIONS 1-10

1.11 Conduct a future assessment of the need for waiver reconfiguration, once aforementioned recommendations are implemented and reviewed for effectiveness

Recommendations include:

- **Implement** the series of 10 recommendations (phase one) **before considering waiver reconfiguration** (phase two)
- A **two-phased approach** will enable the Commonwealth to better assess the current waivers and to project the impacts of a waiver reconfiguration before considering changes



RECOMMENDATION 1.11: ASSESS THE MIX OF WAIVERS AFTER IMPLEMENTING RECOMMENDATIONS 1-10 (CON'T.)

- **The Cabinet would not:**
 - **Increase or decrease** the number of waivers
 - **Consolidate** waivers into a “super-waiver” or any other merged waiver
- The need for **waiver reconfiguration** would be **assessed in a second phase.**

RECAP OF PRELIMINARY PHASE ONE RECOMMENDATIONS

No.	Recommendations
1.1	Standardize provider and service definitions across 1915 (c) waivers
1.2	Move to needs-based care planning with a universal assessment tool, completed by an independent entity
1.3	Implement needs-based individual budgeting methodology
1.4	Conduct a cost-based study to develop a sound rate-setting methodology
1.5	Develop consistent operational guidelines and update training and workflows for each waiver oversight
1.6	Establish and implement case management standards and training
1.7	Streamline PDS delivery by reducing the disparity between fiscal management agency (FMA) operations, and strengthening program policies and procedures
1.8	Centralize operations and oversight under one quality management business unit
1.9	Implement an ongoing, formal stakeholder engagement process, including TACs & MAC
1.10	Implement a quality improvement strategy to increase emphasis on improving service outcomes and participant experience
1.11	Conduct a future assessment of the need for waiver reconfiguration, once aforementioned recommendations are implemented and reviewed for effectiveness

NEXT STEPS

NEXT STEPS

Navigant releases recommendations to public

Stakeholders will have future opportunities for engagement

★ Cabinet conducts statewide town halls, including period for stakeholder testimony

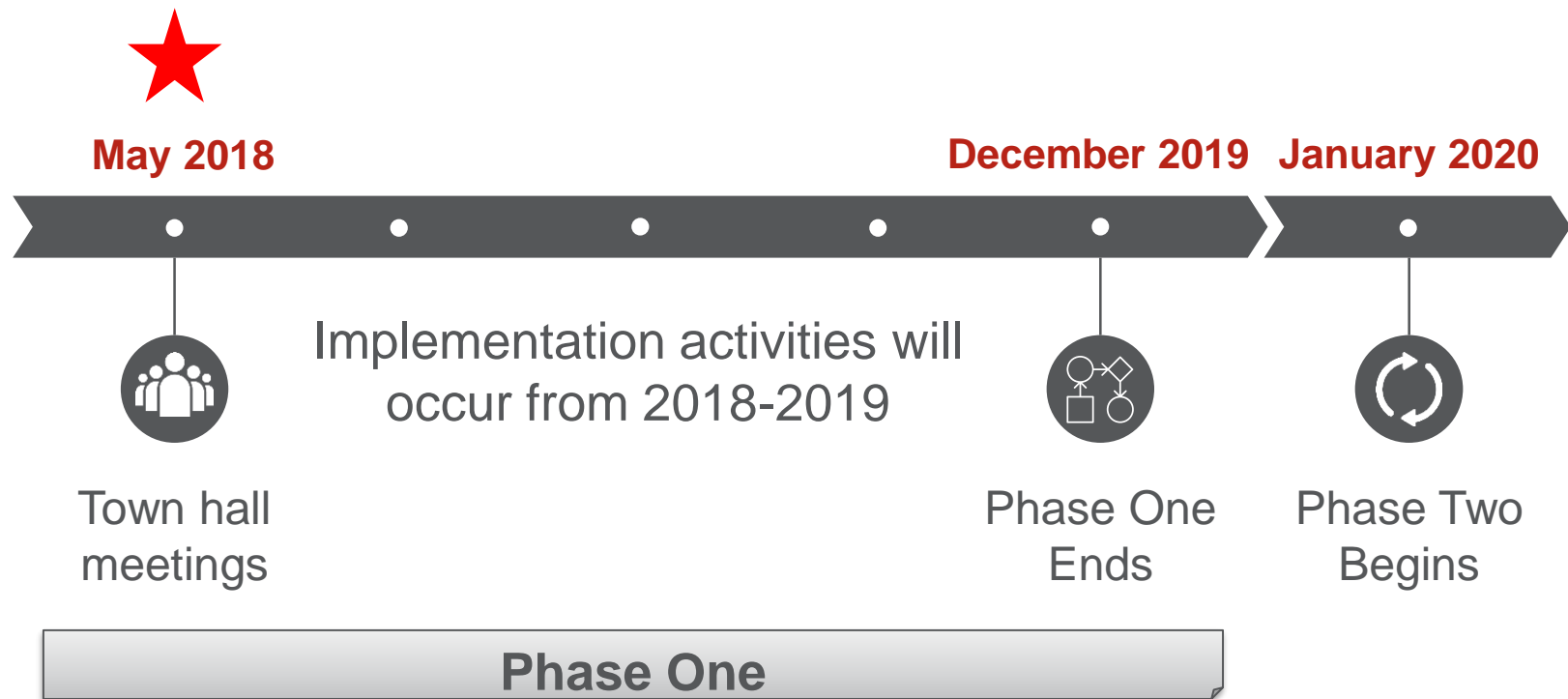
★ Stakeholder feedback will be compiled and reviewed by Cabinet leadership

Cabinet leadership, in consultation with the Governor's office, will identify which recommendations to implement

★ Final report with recommendations and anticipated implementation strategies will be released, along with draft waivers reflecting approved approach

ASSESSMENT PHASES AND TIMELINE (CON'T.)

Planned Timeline of Phases

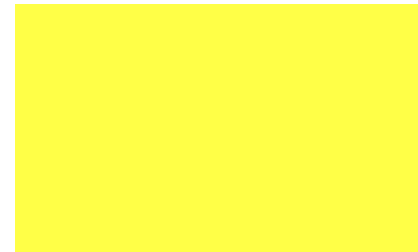


PUBLIC TESTIMONY

SIGNS DURING PUBLIC TESTIMONY

Everyone will be given 3 minutes to speak.

- Green Poster = Means you may begin
- Yellow Poster = Means there is one minute remaining.
- Red Poster = Means your three minutes have finished



THANK YOU

Thank you for joining us tonight. On behalf of the Cabinet, we appreciate your time and attention.

We look forward to your continued collaboration.

Please continue to submit questions and comments to the Cabinet's inbox at Medicaidpubliccomment@ky.gov.

Comments received by **FRIDAY, June 15** will be taken under consideration by the Cabinet before finalizing which recommendations to move forward with.

TRAVEL SAFELY!