

DRAFT – Level of Care Determination (LOCD) Process Improvement Stakeholder Feedback Sessions

JANUARY 29, 30, 31 AND FEBRUARY 5 AND 7, 2018

SPONSORED BY THE BOLD COUNCIL LTSS PROCESS AND QUALITY
IMPROVEMENT INITIATIVE



Michigan's LTSS Quality Improvement Initiative - Background

- ❑ No Wrong Door (NWD) –Aging and Disability Resource Centers
- ❑ Special Message on Aging – Charge by Governor to Improve LTSS
- ❑ Meeting of LTSS State Government Representatives
- ❑ Charter to Collaborate Signed by DHS, DCH, LARA and OSA
- ❑ Federal Planning Grant to Create NWD System at State Level
- ❑ Creation of the BOLD Council – Collaboration, Coordination, Streamlining and Integration
- ❑ Introduction to Lean Continual Process Improvement
- ❑ Value Stream Mapping of 18 LTSS

Michigan's LTSS Quality Improvement Initiative - Background

- ❑ MDHHS Executive Leadership and Sponsor Selection of Services to Undergo Process Improvement
 - Adult Protective Services (APS) Design Team
 - Home Help Design Team
 - MI Choice Waiver Design Team
 - **Level of Care Determination (LOCD)**

- ❑ Other Current Design and Action Teams
 - Pre-Admission Screening and Resident Review (PASRR),
 - Person Centered Planning (PCP),
 - Nursing Facility Transition (NFT) – State-level Design and 4 Action Teams,
 - Michigan Rehabilitation Services (MRS)
 - Options Counseling

Michigan's LTSS Quality Improvement Initiative – Background

☐ Design Team Responsibilities

- Meet Weekly
- Attend Weekly Stand and Deliver
- Monthly Executive Sponsor Meetings
- Review Ideas for Improvement generated by Value Stream Mapping (and others), conduct Plan, Do, Study, Act (PDSA) Cycles to test hypotheses, pilot ideas for improvement and gather stakeholder input, repeat
- Stakeholder Input – the Purpose for Today's Meeting

Michigan's Redesigned LOCD Process – Background

- At this session we will cover:
 - Why a re-design was needed
 - How initial input was sought
 - Design Team process improvement progress
 - New idealized LOCD process
 - Recommendations to eliminate identified barriers
 - Getting your input about other potential barriers and additional ideas for improvement
 - Design Team pilots to test improvement ideas

LOCD Design Team Members

Aimee Khaled, MDHHS PACE

Julie Clement, Nursing Facility Staff

Lisa Biskupski-Pangborn, MDHHS Provider Support

Ashiya Brown, MDHHS Analyst

Michael Daeschlein, MDHHS Manager

Weylin Douglas, MDHHS Analyst

Gina Bey, MI Choice Agency Provider

L. Alisyn Daniel-Crawford, MDHHS Specialist

Roxanne Perry, MDHHS Manager

Heather Hill, MDHHS MI Health Link

Jennifer Shong, Nursing Facility Staff

Coach – Brian Barrie, MDHHS

Why was A Re-design of LOCD Needed?

- Errors
- Payment Delays
- Timing Issues
- Increased Workload
- Long Audit Process
- Fear of Certain LOCD Doors
- Difficulty
- Death by Assessment
- Beneficiary Burden
- A Punitive Hearing/Appeal process
- Large and burdensome recoupment of payment
- Policy that exceeds its scope and purpose
- Precarious statutory foundation
- Inconsistent policy and application between LTSS programs

How Initial Input was Sought

- ❑ Previous stakeholder workgroup
- ❑ Value Stream Maps – Subject Matter Experts (Now Design Team Members)
- ❑ We asked subject matter experts from the following programs to process map their LOCD assessment processes:
 - Nursing Homes
 - PACE
 - MI Choice Waiver
 - MI Health Link

Nursing Facility LOCD - The Basics

- ❑ CMS permits State Medicaid Agencies to establish their definition of nursing facility level of care (LOC).
- ❑ Simply a tool to determine an individual's functional eligibility for Medicaid LTSS.
- ❑ Used to establish functional eligibility for Nursing Facilities, MI Choice, PACE, & MI Health Link LTSS services.
- ❑ A sample of LOCDs are reviewed monthly by MDHHS contractor Michigan Peer Review Organization (MPRO).
- ❑ MPRO determines periods of ineligibility; and periods of ineligibility, which may result in recoupment from the first date of ineligibility in continuum.

Nursing Facility LOCD - The Problems

- ❑ In 2015, a workgroup consisting of providers and other stakeholders identified 53 areas of concern relating to:
 - The LOCD Assessment
 - The LOCD Process and System
 - LOCD Door 7 Service Dependency
 - Hearings and Appeals
 - Timing Issues
 - LOCD Policy
 - Inter-program Comparability
 - Evaluation of Transfer Trauma

Nothing changed as a result of the workgroup.

Nursing Facility LOCD - Design Team Findings

- ❑ Value Stream Map was created in December 2016, which identified:
 - A fragmented and dubious process with inaccurate interpretations of federal regulation & state law.
 - Focused more on claims payments than individual eligibility.
 - A review process inherently misaligned with the purpose of the assessment.
 - Timeframes more punitive than productive.
 - Policy designed & applied to maximize recoupments at the expense of equity.
 - A disjointed retrospective review process.
 - On overall system that denies needed services to qualified individuals and often works in direct opposition to the stated values and objectives of the department.

Issues

LOCD Design Team: Issues Identified

- ❑ 3 full-time State staff doing LOCD corrections
- ❑ \$56 Million Dollars in outstanding payment issues
- ❑ Payment delays as a result of LOCD and Level of Care timing issues
- ❑ Beneficiaries can receive an LOCD up to 12 times in a single year
- ❑ Providers avoid certain LOCD Doors as a result of audits and the LOCD Retrospective Review Process
- ❑ Inability to see all provider LOCDs for the beneficiary is problematic for providers

Pain in the Current System - Provider Perspective

“An awful burden; very difficult, much like a Rubik’s cube.”

“Farthest thing from Person-Centered.”

“It’s probably easier to get out of a black hole than to get half of our LOCD issues fixed!”

“Lost in Transition.”

“Wish it would line up with assessment.....options and time frames are different.”

“...tragic and out of touch!”

Plan Do Study Act (PDSA)

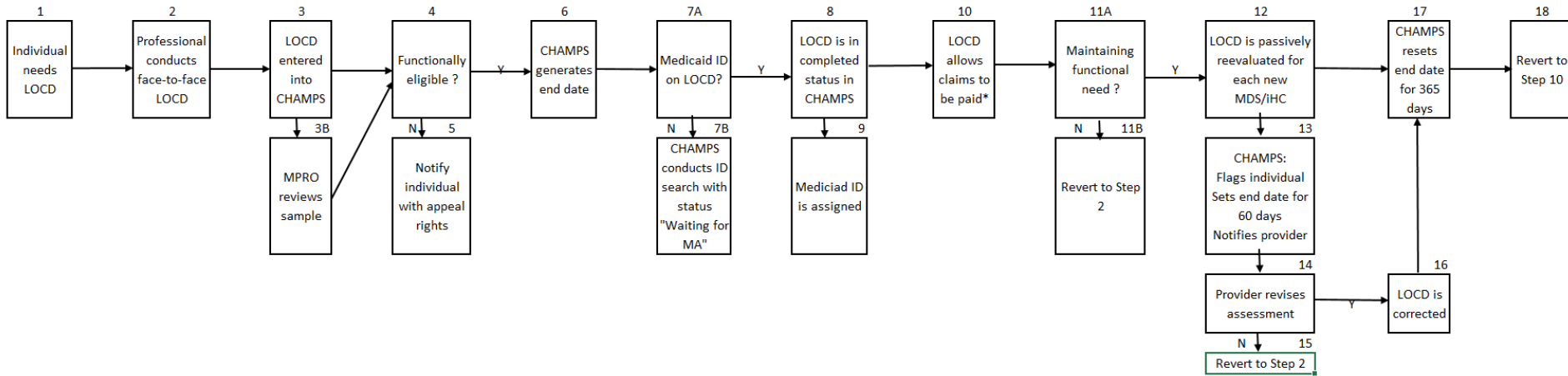
- ❑ PDSA #1 - MI Choice LOCD staff costs – existing process \$30,000/month

- ❑ PDSA #2 – LOCD start and end date problems/corrections and payment delays

DRAFT LOCD Idealized Process

LOCD Idealized Process

LOCD Idealized Process - Revised January 2018



DRAFT Solutions

Draft Idealized Solutions for LOCD Payment Issues

- LOCD Follows the Person, not the provider.
- Professional conducted date entered by provider. Four fields are calculated from the professional conducted date: LOCD start date/end date and potential payment start date/end date.
- Ability to conduct an LOCD on a non-Medicaid person to reduce system data and payment errors.
- Reduction in State and provider staff time.

DRAFT Idealized Solutions for the LOCD and Retrospective Review Process

- Random Selection of LOCD for review using CHAMPS
- The review process will not include information beyond the date the LOCD was conducted.
- Ongoing eligibility* is a programmatic requirement.
- OIG will now be responsible for Medicaid integrity reviews.
- Clear and consistent policies and guidelines.



DRAFT Idealized Solutions for Assessment Issues

- ❑ The initial LOCD assessment must be entered manually into CHAMPS
- ❑ The subsequent LOCD's may be passively redetermined using a MDS or iHC algorithm.
- ❑ The benefits to this will be:
 - LOCD burden for beneficiaries
 - More streamlined for providers
 - Based on a University of Michigan analysis passive redetermination will renew 99% of nursing home LOCD's and 89% for managed care.
 - If the passive redetermination process does not find an eligible door, then the existing LOCD is ended 60 days from the date of calculation to allow for a new face to face assessment.

DRAFT Idealized Solutions for Assessment Issues

- LOCD adoption
- All doors are 365 days
- Providers can see all LOCD's they created or adopted in one query

Next Steps for LOCD Improvements

- Stakeholder Input/Feedback Categorized
- Stakeholder Input/Feedback Adopted, Adapted or Abandoned or Out of Scope
- Meeting with CNSI about IT Improvements
- Policy Promulgation
- Training
- Measurement to Ensure Improvements are Improvements
- Continual Improvement

Time to Gather Your Feedback!

- Sticky Notes
- Sharpie Markers
- Please come up to one of the Idealized Process Maps and review the steps
- Please write down issues, potential barriers, questions and additional ideas for improvement you may have on the sticky notes
- Please indicate the step number to which you are addressing your concern, issue, barrier or idea for improvement on your sticky note and place near the step
- If your concern, issue, barrier or idea for improvement impacts the entire process, write “all” on your sticky note and place anywhere on the process map

Michigan's LTSS Process and Quality Improvement Initiative

- ❑ Map of Current Process Improvements
- ❑ LTSS Processes still to be improved
 - PACE
 - MI Health Link
 - Nursing Home Admission/Discharge
 - Children's Special Health Care Services
 - AASA Financial/Grants
 - AAA Care Management

LOCD Process Maps

- ❑ Visit www.OSAPartner.net to view a copy of:
 - Copy of Today's Power Point Presentation
 - Idealized LOCD Redesigned Process Map – DRAFT
 - BOLD Council LTSS Transformation Timeline Document

Thank you for your feedback!!!

If you pre-registered and provided your email address or signed in today and provided your (legible) email address, we will be sending you the feedback we receive from all 5 of the feedback sessions, for your information.