Alabama AAA's Accreditation

April 2018

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13 AAAs

Alike but different

- 3 Independents
- 9 Planning Commissions
- 1 United Way
- Staffs: 25-80
- MW Slots: 261 - 1,205
- Case Mgt Costs vary 100%

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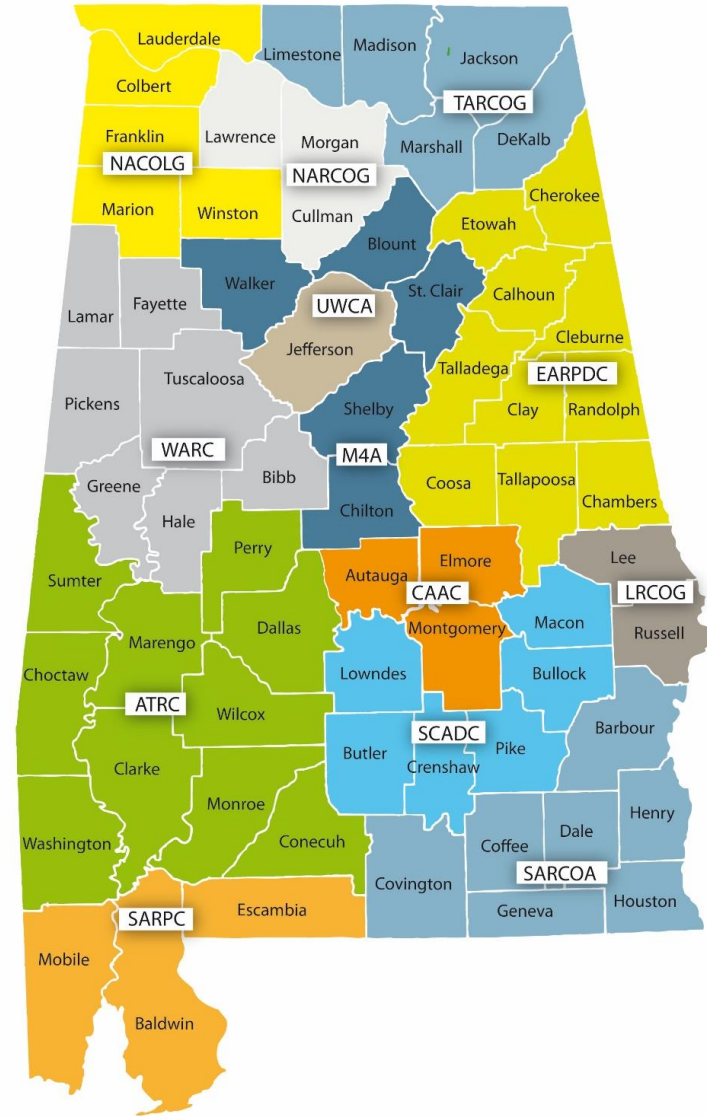
Why NCQA Accreditation?

- LTSS Managed Care coming to Alabama Medicaid Waiver program

- Quality, consistency, improved processes

- Looking to the future
  - ➢ *Health plans recognize NCQA*

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Integrated Care Network (ICN)

- Alabama Medicaid RFP April 2018
  - PCCM-Entity model
  - 1915b will add Medical Care Management to LTC population (2 HCBS Waivers and Nursing Facility population)
- October 2018 implementation

NCQA Accreditation

Case Management
for Long-term Services and Supports

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NCQA Accreditation

- Our statewide AAA "strategy" for the coming ICN: Quality

- Began March 2017

- Previous SUA Director and state Medicaid Agency secured "No Wrong Door" funding to include ADRC as entry point

- Engaged consultant for facilitation & technical assistance

- One AAA was funded as the lead for the project

- Fifteen month project….initially…..now 21 months

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Redesign

Technology
_____

Data requirements

New Assessments

New Care Plan

Predictive Modeling

Risk Stratification

Medication Review

Case Management
_____

Person-Centered Care Planning

Care Transitions

Expanded Assessments

Staffing
_____

ICN requires "Care team led by nurse and social worker"

Licensed Social Workers RN's

Documentation
_____

Everything must be documented.

Policies and Procedures, Processes, etc

Survey
_____

Periodic surveys will become part of the new norm

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Technology

- SARCOA managed and customized the technology platform
- Care planning and monitoring-new care plan model
- Assessments- added 12 new assessments, expanded existing Medicaid Waiver assessment
- Quality metrics for quality improvement
- Data analysis: care transitions, population assessment

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Technology Challenges

- Bringing 7 remaining AAAs into current case management software system
- Customizing software system to include NCQA standards including 12 new assessments
- AAA implementation on new process and assessments
- Risk stratification and predictive modeling
- Integration with state system to prevent duplication

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New Case Management Model

- Increased work; increased staffing requirements; increased staff turnover
- Expanded Assessments
- Care Transitions – change in care setting requires a contact; also prevent unplanned; identify problems
- Person-centered Care Plan with goals and preferences
- Care plan reviewed by social worker and RN (ICN)
- Medication review (ICN)

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Policies and Procedures

- Largest group effort; took many months, many rounds of talks

- Understanding of Standards, Elements and Factors

- Standards were assigned to committee members to develop and document Policies & Procedures

Training

- Person-Centered Care Planning/Thinking training provided through ACL "No Wrong Door" funding
- Conducted two rounds of PCP training-trained 450+ individuals
  - First with representatives from each AAA
  - Second with all CM, ADRC staff from each AAA
- Training committee has assembled a uniform training repository for use statewide

Statewide Accreditation

Advantages

- Consistency in network
- Shared responsibilities
- Shared costs
- Greater knowledge
- Larger resource pool

Disadvantages

- Slower
- Weak links
- No single authority
- Communication
- Disagreements

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Lessons learned

- This is a marathon. Understand the commitment.
- More communication.
- More committees (shared responsibility).
- Get all AAAs involved in policies and procedures.
  - Parallel groups

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Status

- Group 1 – Survey begins in July and August
- Group 2 - Survey begins September
- Group 3 - Survey September and October
- Group 4 – Survey October

- All site visits occur by December 31, 2018.

Questions?

For more information:

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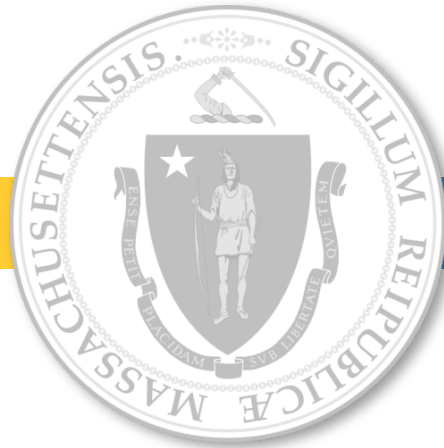

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MassHealth

Executive Office of Health & Human Services

Adult Foster Care (AFC)
Office of Long Term Services and Supports

Sherri Hannigan
Deputy Director of Community-Based Programs

Clinical Eligibility Criteria 130 CMR 408.416

To be clinically eligible for AFC services, a member must meet the clinical eligibility criteria specified at 130 CMR 408.416(B), provided below.

- (B) The member has a medical or mental condition that requires daily hands-on (physical) assistance or cueing and supervision throughout the entire activity in order for the member to successfully complete at least one of the following activities:
  - (1) Bathing - a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area plus personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up;

Clinical Eligibility Criteria 130 CMR 408.416 (Cont.)

- o (2) Dressing - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers;
- o (3) Toileting - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;
- o (4) Transferring - member must be assisted or lifted to another position;
- o (5) Mobility (ambulation) - member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
- o (6) Eating - if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal.

Conditions for Payment 130 CMR 408.419

There are two levels of service payment for AFC services under the AFC program. The criteria for Level I and Level II service payment levels are as follows:

Level I: The Member requires hands-on (physical) assistance with one or two of the activities described in 130 CMR 408.416 or requires cueing and supervision throughout one or more of the activities listed in 130 CMR 408.416 in order for the member to complete the activity.

Conditions for Payment 130 CMR 408.419 (Cont.)

Level II: The member requires:

(a) hands-on (physical) assistance with at least three of the activities described in 130 CMR 408.416; or

(b) (b) hands-on (physical) assistance with at least two of the activities described in 130 CMR 408.416 and management of behaviors that require frequent caregiver intervention as described below:

  (i) wandering: moving with no rational purpose, seemingly oblivious to needs or safety;

  (ii) verbally abusive behavioral symptoms: threatening, screaming, or cursing at others;

  (iii) physically abusive behavioral symptoms: hitting, shoving, or scratching;

  (iv) socially inappropriate or disruptive behavioral symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, or causing general disruption; or

  (v) resisting care.

Accreditation Requirements for AFC Providers

- MassHealth amended the Adult Foster Care (AFC) program regulation at 130 CMR 408.000 effective May 5, 2017, to revise and clarify certain AFC program requirements.

- Pursuant to 130 CMR 408.404(A)(11), MassHealth requires evidence of accreditation to be submitted to MassHealth or its designee. Evidence of this accreditation must be submitted to MassHealth by June 30, 2019.

    o *Note that this is an extension from the date stated in the AFC regulations at 130 CMR 408.000.*

Accreditation Requirements for AFC Providers (Cont.)

- Acceptable accreditation organizations include:

  - ✓ The National Committee for Quality Assurance (NCQA),

  - ✓ The Council on Accreditation (COA), and

  - ✓ The Commission on Accreditation of Rehabilitation Facilities (CARF)

- AFC providers must obtain accreditation specific to, or applicable to, their AFC program.

Accreditation Requirements for AFC Providers (Cont.)

In order to ensure that all AFC providers meet the accreditation requirement by the June 30, 2019 deadline, MassHealth is requiring AFC providers to provide evidence that they are completing the following milestones toward obtaining accreditation.

Milestones	Requirement
April 30, 2018	• Documentation showing selection of an accrediting body, certification type, and has obtained the self-audit and accreditation preparation tools from the relevant accrediting body. Acceptable documentation includes a receipt from the purchase of materials. • In the event the AFC provider is already accredited, documentation showing current accreditation. Acceptable documentation includes a copy of the certification / accreditation agreement.

Accreditation Requirements for AFC Providers (Cont.)

Milestones	Requirement
December 31, 2018	• Submit documentation to the LTSS Provider Portal demonstrating that they have scheduled an onsite survey date with the accrediting body.
February 1, 2019	• Submit documentation to the LTSS Provider Portal that they have performed an initial gap analysis and received a report from the accrediting organization that reflects process gaps necessary to achieve accreditation.
June 30, 2019	• Submit a copy of the final report and determination to the LTSS Provider Portal. The final report and determination will serve as evidence of accreditation.

Once accreditation is achieved, it must be maintained at all times as long as the AFC provider participates in the MassHealth AFC program.

Questions

NCQA Long-Term Services and Supports (LTSS) Programs and Measurement

August 2018

What We Do and Why

OUR MISSION

To improve the quality of health care

OUR METHOD

Measurement

We can't improve what we don't measure

Transparency

We show how we measure so measurement will be accepted

Accountability

Once we measure, we can expect and track progress

NCQA

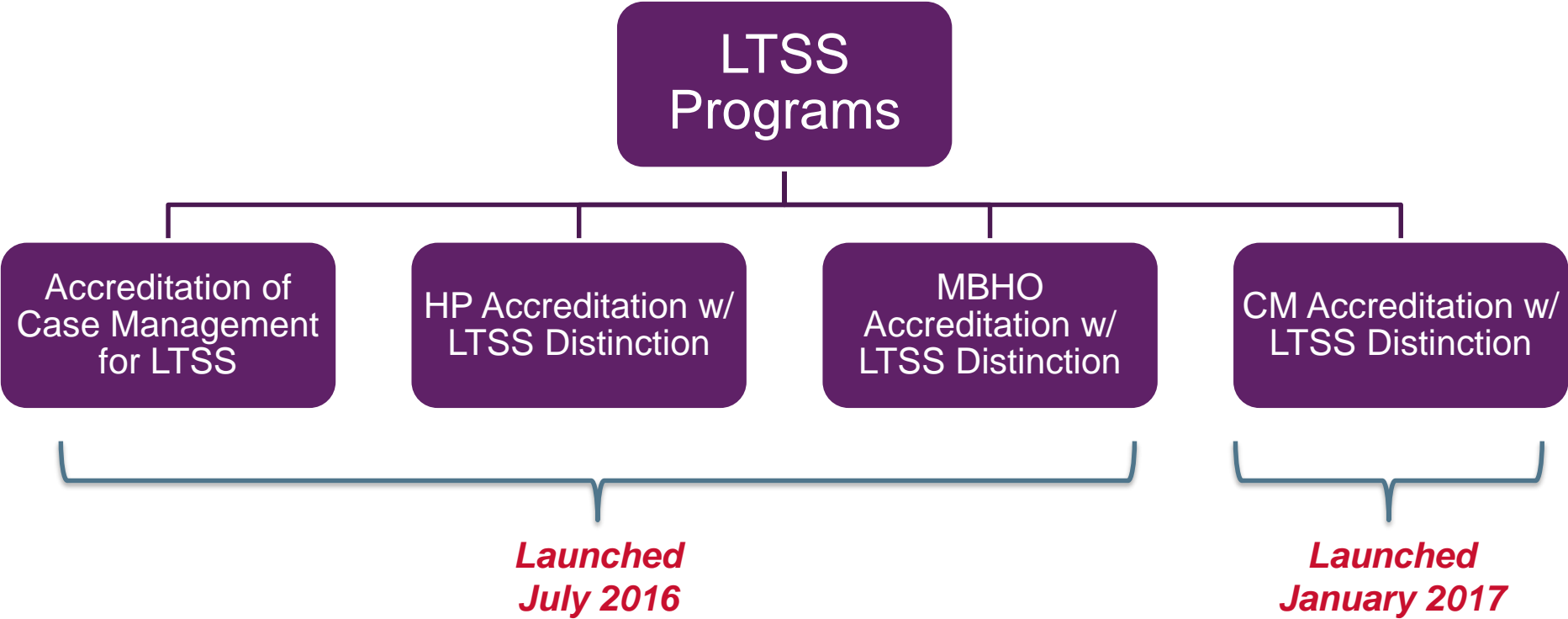# Landscape and Opportunities to Support MLTSS

MLTSS Programs - 2017

Legend:
- Current MLTSS program (regional **)
- Duals demonstration program only
- MLTSS in active development
- MLTSS under consideration

Source: NASUAD

NCQA's LTSS Programs

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                    ┌─────────────┐
                    │    LTSS     │
                    │  Programs   │
                    └─────────────┘
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Accreditation of Case Management for LTSS	HP Accreditation w/ LTSS Distinction	MBHO Accreditation w/ LTSS Distinction	CM Accreditation w/ LTSS Distinction

Launched July 2016

Launched January 2017

HP = Health Plan
MBHO = Managed Behavioral Healthcare Organization

CM-LTSS Accreditation vs. LTSS Distinction

CM-LTSS ACCREDITATION

Designed for CBOs that coordinate LTSS only for populations with complex care needs.

Standalone program.

LTSS DISTINCTION

Designed for organizations that manage both medical care and LTSS for their members.

Included in HP, MBHO and CM Accreditation reviews as a separate set of standards.

Program Requirements at a Glance

CM-LTSS Accreditation
LTSS 1: Program Description
LTSS 2: Assessment Process
LTSS 3: Person-Centered Care Planning and Monitoring
LTSS 4: Care Transitions
LTSS 5: Measurement & Quality Improvement
LTSS 6: Staffing, Training and Verification
LTSS 7: Rights and Responsibilities
LTSS 8: Delegation

LTSS Distinction*
LTSS 1: Core Features
LTSS 2: Measure and Improve Performance
LTSS 3: Care Transitions
LTSS 4: Delegation

*The LTSS Distinction for Case Management Accreditation includes Core Features and Delegation.

NCQA

CM-LTSS Accreditation Eligibility

Area agencies on aging	Aging and disability resource centers

Centers for independent living	Home and community-based organizations	Case management organizations

Health plans that coordinate LTSS (e.g. managed LTSS-only plans, HPs that provide comprehensive benefits)	Other organizations that coordinate LTSS

And more!

NCQA

CM-LTSS Accreditation Overview

LTSS 1: Program Description

Use current and emerging evidence and professional standards in the development, ongoing review and update of their programs.

LTSS 2: Assessment Process

Have a systematic process for assessing the needs and characteristics of the individuals it serves.

LTSS 3: Person-Centered Care Planning

Coordinate person-centered services for individuals by developing of individualized case management plans and monitoring progress against the plans.

LTSS 4: Care Transitions

Establish a process for safe transitions and analyze the effectiveness of the process.

CM-LTSS Accreditation Overview

LTSS 5: Measurement and Quality Improvement

Measure and work to improve individuals' experience, program effectiveness and active participation rates.

LTSS 6: Staffing, Training and Verification

Define staffing needs, provide staff with ongoing training and oversight, and verify health care staff credentials, where applicable.

LTSS 7: Rights and Responsibilities

Communicate commitment to the rights of individuals and their expectations of individuals' responsibilities, as well as mitigating critical incidents.

LTSS 8: Delegation

Monitor the functions performed by other organizations for the health plan.

NCQA

Accreditation Statuses

Status Level	Standards Score
Accredited – 3 year	85-100 points
Accredited – 2 year	70-84.99 points
Denied	Below 70 points

State Examples

States Requiring Accreditation

Plans required to be accredited:

Virginia	**Pennsylvania**
Dept. of Medical Assistance Services requires Medicaid managed care plans to obtain NCQA LTSS Distinction within 36 months of the onset of delivering care to members.	Pennsylvania's Department of Human Services requires plans to be accredited and accepts NCQA LTSS Distinction.

Providers required to be accredited:

Massachusetts

An organization seeking to participate in MassHealth as an Adult Foster Care provider must be in accordance with 130CMR 408.404 (A)(11) be accredited by either the National Committee for Quality Assurance (NCQA) or the Council on Accreditation (COA), or other nationally recognized accreditation organization determined acceptable by the MassHealth agency.

LTSS Performance Measurement

New Volume of HEDIS 2019 for LTSS Organizations

Release Date: September 12, 2018

LTSS Comprehensive Assessment and Update	LTSS Comprehensive Care Plan and Update
LTSS Shared Care Plan with Primary Care Practitioner	LTSS Re-assessment/Care Plan Update after Discharge

Measures specified for Managed LTSS Plans and Community Based Organizations
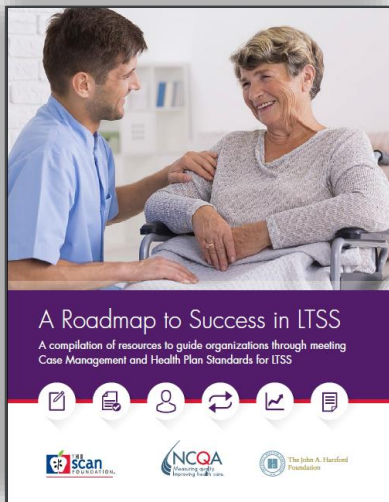
Resources

LTSS Best Practices Academy and LTSS Roadmap

LTSS Best Practices Academy
Presented by NCQA

58 member organizations: CBOs, managed care plans, vendors

8 Webinars in 2018 featuring various topics and presenters

Access to Download Center and Monthly Newsletter

A Roadmap to Success in LTSS

A compilation of resources to guide organizations through meeting Case Management and Health Plan Standards for LTSS

Roadmap to Success in LTSS

- Developed with input from the LTSS Learning Collaborative and the LTSS Advisory Committee.

- Includes resources and examples for each standard in the LTSS program.