DDS TRANSFORMATION EFFORTS

April 10, 2017
DDS Transformation Efforts

- **Therapy Thresholds** –
  - Beginning 7/1/17, therapy caps for Occupational, Physical, and Speech Therapy for clients with developmental disabilities or delays.
  - Providers will be able to bill 6 units per week (90 minutes) of each service without an extension of benefits/prior authorization.
• **Updating CHMS Requirements** –
  
  - Beginning in August 2017, the mandatory developmental screener will be included in the CHMS manual.
  - DHS proposes changing the IQ threshold for eligibility from the current score, below 80, to a new qualifying score:
    - 75 for ages 0 to 2 years old
    - 70 for ages 3 to 5 years old.
  - Other changes proposed include:
    - increased staffing ratios to ensure that the needs of the target populations are effectively met;
    - staff credentials to ensure that services are provided to target populations licensed, certified, or specially trained staff;
    - evaluations of children must be conducted at least annually for each type of service billed; and
    - barring a child from receiving both CHMS services and DDTCS during the same enrollment period.
• Change DDTCS Requirements –
  – Beginning in August 2017, the mandatory developmental screener will be included in the DDTCS manual.
  – Other proposed changes include:
    • staff credentials to ensure that services are provided to target populations by staff that are licensed, certified, or specially trained in the services that they are providing;
    • evaluations of children must be conducted at least annually for each type of service billed; and
    • barring a child from receiving both CHMS services and DDTCS during the same enrollment period.
**DDS Transformation Efforts**

- **Independent Assessments** -
  - Beginning July 1, 2017, DDS will begin identifying clients to be assessed by a 3rd party Independent Assessment vendor.
  - Clients who receive services under the Waiver, as well as clients who are entering an Intermediate Care Facility will be required to undergo an Independent Assessment,
  - The assessment will evaluate level of need and recommend a service tier and the services to be provided in the Person Centered Service Plan (PCSP).
DDS Transformation Efforts

• Developmental Screener –
  – The same 3rd party vendor will conduct developmental screeners on children who utilize Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS).
  – The Screener must be reviewed by the physician before writing a prescription for DDTCS or CHMS.
  – The screener must be performed annually before the prescription is written.
• Rate Study for Waiver Services—

DDS is beginning an actuarially sound rate study to re-determine how Waiver services are paid. It is the goal of DDS to move away from a daily rate for supportive living, plus an additional array of services.
DDS Transformation Efforts

- **Purchasing Policy for HDCs** —
  - DDS has developed a new policy to control spending on agency purchase cards by the Human Development Centers (HDC).
  - Limits p-card purchases to small purchases or emergency purchases only and requires all purchases over $1,000 be made through the State Purchase Order process.
  - All P.O.s that are $10,000 or more will require approval from the DDS Director or her designee.
DDS Transformation Efforts

• Behavioral Emergency Procedures Training -
  - A committee made up of HDC employees and consulting psychologists created a Behavioral Emergency Procedures training program
  - This can be used in the HDCs instead of the outsourced CPI training.
  - Allows DDS to direct our a training program that is safe, effective, and tailor made for our clients at a less expensive price.
  - This training program is modeled after the one used in Arizona.
DDS Transformation Efforts

- "Buyer" position in Conway HDC -
  - The Conway HDC has created a full-time "buyer" position.
  - This position looks for savings on items purchased in large quantities at the HDC.
  - Savings have already been achieved
  - This will be utilized by all the Centers.
What Halo Services are covered?

- **Arkansas Medicaid Mandatory Services**
  - Hospital Services – Inpatient and Outpatient
  - Physician Services
  - Nursing Facility Services (21 and older)
  - Laboratory and X-Ray
  - Child Health Services Early and Periodic Screening, Diagnosis and Treatment (Under 21)
  - Rural Health Clinic
  - Transportation
  - Nurse Practitioner
  - Medical and Surgical Services of a Dentist
  - Home Health Services
  - Federally Qualified Health Centers
  - Family Planning Services and Supplies
  - Certified Nurse Midwife Services
What Medicaid Services are covered?

- **Optional Services**
  
  - There are 38 optional services
    
    - Includes behavioral, developmental, and home and community-based services for the elderly and physically disabled
    
    - For example: RSPMI, DDTCS, OT, PT or Speech Therapy
    
    - Includes Specific types of providers, medical supplies and equipment
      
      For example, podiatrists, chiropractors, prescription drugs, audiologists, private duty nurses, or durable medical equipment
**Client Journey to a PASSE**

**Overview for DD Waiver Clients**

**Clients choosing to leave an ICF**
Presumptively eligible for Waiver Services. Automatically given a priority slot and referred to Vendor for IA by DHS

**Clients leaving Waitlist**
DHS determines both ICF and financial eligibility; referred to IA in blocks of at least 100 per month based on position on the Waitlist (500 will be given slots 7/1/17)

**Current Waiver Clients**
DHS verifies institutional level of care and financial eligibility before Patient Centered Service Plan (PCSP) renewal date; referred to IA based on PCSP renewal date (~150/month)

**IA Vendor contacts the client and the client’s guardian (and provider, if identified) to set appointment for IA**

**IA Vendor completes the IA and makes a tier recommendation that is sent to DHS, the client and client’s guardian (and provider, if identified)**

**DHS makes a tier determination based on the IA and attributes the client to a Provider-led Arkansas Shared Savings Entity (PASSE) based on the DD provider used, the PCP, the pharmacist, and other providers. For new Waiver clients, DHS makes an a 60 day initial case plan.**

**PASSE creates the PCSP and provides care coordination.**
Client Journey to a PASSE

Transformation timeline for Ann

Age 48
- Currently Enrolled in the Waiver as pervasive
- Utilizing case management as a Waiver service

2017
7/1/17—Continues to receive services as Tier 3
11/17—IA recommends Tier 2 Services due to living arrangements with family (has natural supports)
10/17—DHS refers to Vendor for IA
12/17—DHS approves Tier recommendation and attributes to a PASSE; DHS waiver specialist gives client choice to change PASSE within first 90 days; PASSE creates PCSP to begin on 12/20/17 (PCSP dates 12/20/17—12/19/18)

2018
1/18—10/18—Services provided by PASSE according to PCSP
11/18—12/18—DHS verifies ICF eligibility and that no change in condition occurred that would trigger a new IA; client given choice of PASSE; PCSP renewed and approved to begin on 12/20/18 (PCSP dates 12/20/18—12/19/19)

2019
1/1/19—PASSE takes full financial responsibility; case management is phased out as a service and is provided by the PASSE
11/19—12/19—DHS verifies ICF eligibility and that no change in condition occurred that would trigger a new IA; client given choice of PASSE; PCSP renewed and approved to begin on 12/20/19 (PCSP dates 12/20/19—12/19/20)

2020
12/19—6/20—Services provided by PASSE according to the PCSP
10/20—Vendor assesses client and makes recommendation for Tier 2 services
9/20—DHS refers to Vendor for IA
11/20—12/20—DHS approves Tier and verifies ICF eligibility; client given choice of PASSE; PCSP renewed and approved to begin on 12/20/20 (PCSP dates 12/20/20—12/19/21)

PCSP—Person Centered Service Plan
PASSE—Provider-led Arkansas Shared Savings Entity
IA—Independent Assessment
ICF—Intermediate Care Facility
# Client Journey to a PASSE

## Transformation timeline for John
- **Age:** 25
- **Currently lives in the Conway HDC**
- **Chooses to transition to Waiver Services**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>7/1/17 - Resides at the HDC</td>
<td></td>
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<tr>
<td></td>
<td>7/17 - 10/17 Chooses to continue at HDC</td>
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<tr>
<td></td>
<td>11/17 - Chooses to live in the community on Waiver Services; given a priority Waiver slot; transition planning begins</td>
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<tr>
<td></td>
<td>12/17 - DHS refers to Vendor for IA</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>1/18 - DHS determines ICF eligibility &amp; creates an initial case plan; Vendor recommends Tier 3 services (needs 24 hour supports)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/18 - DHS approves Tier recommendation and attributes to a PASSE; DHS Waiver Specialist gives client option to change PASSE within 90 days; PCSP created by PASSE (PCSP dates 1/25/18 - 1/24/19)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/18 - 12/18 Services provided by PASSE according to PCSP</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>1/19 - PASSE takes full financial responsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/19 - DHS verifies ICF eligibility and that no change in condition occurred that would trigger a new IA; client given choice of PASSE; PCSP renewed and approved to begin on 1/25/19 (PCSP dates 1/25/19 - 1/24/20)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/19 - 12/19 Services provided by PASSE according to PCSP</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>1/20 - DHS verifies ICF eligibility and that no change in condition occurred that would trigger a new IA; client given choice of PASSE; PCSP renewed and approved to begin on 1/25/20 (PCSP dates 1/25/20 - 1/24/21)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11/20 - DHS refers to Vendor for IA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/20 - 10/20 Services provided by PASSE according to PCSP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12/20 - Vendor assess client and recommends Tier 3 services</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>1/21 - DHS approves Tier determination and verifies ICF eligibility; client given choice of PASSE; PCSP renewed and approved to begin on 1/25/21 (PCSP dates 1/25/21 - 1/24/22)</td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations:***
- HDC: Human Development Center
- PASSE: Provider-led Arkansas Shared Savings Entity
- IA: Independent Assessment
- PCSP: Person Centered Service Plan
- ICF: Intermediate Care Facility
### Client Journey to a PASSE

**Transformation timeline for Sarah Gale**

**Age 22**
- Currently #85/3000 on Waitlist
- Is not currently Medicaid eligible; therefore is not receiving State Plan Services

#### 2017
- **Prior to 7/1/17-DHS reconfirms ICF and financial eligibility and client is placed in the first Tobacco Settlement Block**
  - 10/1/17—DHS refers to Vendor for IA; Choice counseling provided

- **11/1/17—Vendor recommends Tier 2 services because of natural supports (mother) and few behavioral problems**
  - 11/17-DHS approves Tier determination and creates an initial case plan (PCSP dates 11/15/17—11/14/18)

#### 2018
- **1/18—3/18 Services provided by PASSE according to PCSP**
  - 5/18—Vendor recommends Tier 3 (no longer has natural supports and needs 24 hour paid support)

  - 4/18—Mother is diagnosed with cancer & client no longer has natural supports; triggers the PASSE to request a new IA; DHS refers to Vendor for a new IA

  - 6/18—DHS approves the new Tier; PCSP is amended

#### 2019
- **1/1/19—PASSE takes full financial responsibility**

  - 1/19—7/19—Services provided by PASSE according to PCSP

##### 2020
- **1/20—5/20—Services provided by PASSE according to PCSP**

  - 10/20—Vendor assess client and recommends Tier 3 services

  - 9/20—DHS refers to Vendor for IA

- **10/20—11/20—DHS approves Tier and verifies ICF eligibility; client given choice of PASSE; PCSP renewed and approved to begin on 11/15/20 (PCSP dates 11/15/20—11/14/21)**

**PCSP—Person Centered Service Plan**

**PASSE—Provider-led Arkansas Shared Savings Entity**

**IA—Independent Assessment**

**ICF—Intermediate Care Facility**
# Client Journey to a PASSE

## Transformation timeline for Tommy

**Age 3 (birthday 5/15/14)**
- Receiving CHMS day habilitation services 3 hrs./day due to R(x) dated Jan. 20, 2017
- Receiving 180 min/week (12 units) each of OT and Speech due to R(x) dated Feb. 14, 2017
- Will not be attributed to a PASSE because he is only receiving Tier 1 services

### 2017

<table>
<thead>
<tr>
<th>7/1/17</th>
<th>Continues with CHMS and therapy services according to current R(x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17</td>
<td>Physician refers to DHS for Developmental Screener; DHS refers to Vendor for IA</td>
</tr>
</tbody>
</table>

### 2018

<table>
<thead>
<tr>
<th>1/18/18</th>
<th>Considering the Developmental Screener, the physician writes a new R(x) for CHMS day habilitation for 2.5 hrs./day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/18</td>
<td>EO8 for additional 90 minutes approved based on documentation of medical necessity; therapists begin billing full 180 minutes of each therapy</td>
</tr>
<tr>
<td>12/18</td>
<td>Physician refers to DHS for Developmental Screener; DHS refers to Vendor for IA</td>
</tr>
</tbody>
</table>

| 2/12/18 | Physician writes new R(x) for OT and Speech Services for 180 minutes/week each; therapists immediately begin billing for 90 minutes each OT and Speech; submits EO8 for the additional 90 minutes |
| 3/18   | Continues with CHMS and therapy services according to current R(x) |

### 2019

<table>
<thead>
<tr>
<th>1/16/19</th>
<th>Considering the Developmental Screener, the physician writes a new R(x) for CHMS day habilitation for 2.5 hrs./day</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19</td>
<td>Continues with CHMS and therapy services according to current R(x)</td>
</tr>
</tbody>
</table>

| 2/10/19 | Physician writes new R(x) for OT and Speech services for only 90 minutes per week (progress was made over the past 2 years); therapists begin billing for 90 minutes each OT and Speech; no EO8 is needed |
| 8/19   | Begins Kindergarten at public school; no longer receives CHMS day habilitation; therapy services now provided in a school-based setting |

**CHMS-Child Health Management Services**

**Speech-Speech-Language Therapy**

**R(x)-prescription**

**EOB-Extension of Benefits**

**OT-Occupational Therapy**
Client Journey to a PASSE

**Transformation timeline for Paula**

- Age: 29
- Current 2008/3000 on Waitlist
- Receiving State Plan Services through Medicaid

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/17</td>
<td>Continues to receive State Plan services on FFS model</td>
</tr>
<tr>
<td>4/18/2018</td>
<td>DHS identifies to receive IA; DHS refers to Vendor for IA</td>
</tr>
<tr>
<td>5/18/2018</td>
<td>Vendor recommends Tier 2 services based on the functional assessment</td>
</tr>
<tr>
<td>6/18/2018</td>
<td>DHS approves Tier determination and attributes to a PASSE; DHS waiver specialist offers client option to change PASSE within 90 days; PASSE takes over coordination of State Plan services</td>
</tr>
<tr>
<td>1/1/2019</td>
<td>PASSE takes full financial responsibility</td>
</tr>
<tr>
<td>2/19–12/19</td>
<td>Receives States Plan services coordinated by PASSE; June 2019-client given choice of PASSE</td>
</tr>
<tr>
<td>1/20–12/20</td>
<td>Receives State Plan services coordinated by PASSE; June 2020-client given choice of PASSE</td>
</tr>
<tr>
<td>4/21/2021</td>
<td>DHS refers to Vendor for IA</td>
</tr>
<tr>
<td>5/21/2021</td>
<td>Vendor recommends Tier 2 services continue</td>
</tr>
<tr>
<td>6/21/2021</td>
<td>DHS approves Tier determination; client given choice of PASSE; PASSE continues to coordinate State Plan services</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- IA: Independent Assessment
- PASSE: Provider-led Arkansas Shared Savings Entity
- FFS: Fee for Service
# Client Journey to a PASSE

## Transformation timeline for Kyle

- **Age:** 35
  - Currently enrolled on the Waiver as Extensive
  - Dually diagnosed with Anxiety

### 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/17</td>
<td>Continues to receive services as Tier 2</td>
</tr>
</tbody>
</table>

### 2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18-3/18</td>
<td>Continues to receive services as Tier 2</td>
</tr>
<tr>
<td>5/18</td>
<td>IA recommends Tier 2 Services due to family supports</td>
</tr>
<tr>
<td>4/18</td>
<td>DHS refers to Vendor for IA</td>
</tr>
<tr>
<td>6/18-7/18</td>
<td>DHS approves Tier recommendation and attributes to a PASSE; DHS waiver specialist gives client choice to change PASSE within first 90 days; PASSE creates PCSP to begin on 7/10/18 (PCSP dates 7/10/18-7/9/19)</td>
</tr>
</tbody>
</table>

### 2019

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/19</td>
<td>PASSE takes full financial responsibility</td>
</tr>
<tr>
<td>3/19-4/19</td>
<td>PASSE case manager helps client identify a Tier 1 behavioral health provider in the PASSE; client begins receiving OBH therapy services</td>
</tr>
<tr>
<td>3/15/19</td>
<td>During monthly contact, PASSE case manager determines that client has a need for behavioral health services.</td>
</tr>
<tr>
<td>5/19-7/19</td>
<td>DHS verifies ICF eligibility and that no change in condition has occurred that would trigger a new IA; Client given choice of PASSE; PCSP renewed and approved to begin on 7/10/19 (PCSP dates 7/10/19-7/9/20)</td>
</tr>
</tbody>
</table>

### 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/20-5/20</td>
<td>Services provided by PASSE according to the PCSP; Tier 1 OBH services continue</td>
</tr>
<tr>
<td>6/20-7/20</td>
<td>DHS verifies ICF eligibility and that no change in condition has occurred that would trigger a new IA; Client given choice of PASSE; PCSP renewed and approved to begin on 7/10/20 (PCSP dates 7/10/20-7/9/21)</td>
</tr>
</tbody>
</table>

IA=Independent Assessment  
PASSE=Provider-led Arkansas Shared Savings Entity  
OBH=Outpatient Behavioral Health  
ICF=Intermediate Care Facility  
PSCP=Person Centered Service Plan

Transformation Implementation

Next Steps for DDS:

1. Undergo Rate Study performed by an actuary to determine new rate structure of Waiver Services
   
2. Submit Amendments for the Waiver that include the new rates and the PASSE model

IA-Independent Assessment
PASSE-Provider-led Arkansas Shared Savings Entity
FFS-Fee for Service
# Transformation Implementation

## PASSE Short Term Benchmarks

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>October</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Insurance Department and DHS rules draft finalized</td>
<td>Rules published for June approval</td>
<td>Rules approval</td>
<td>Independent Assessment Starts</td>
<td>PASSE begins to enroll beneficiaries</td>
<td>Conditional Certification expires</td>
</tr>
<tr>
<td>Conditional Certification application complete</td>
<td>Letter of Intent from PASSEs are due</td>
<td>Claims data collection for actuary</td>
<td>Waiver through Rules process</td>
<td>Surety bond posted</td>
<td>PASSE demonstrates solvency requirement</td>
</tr>
<tr>
<td>Draft waiver</td>
<td>RFP for actuarial contractor</td>
<td>Conditional PASSE applications processed</td>
<td></td>
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</tr>
</tbody>
</table>

Working Document 4/3/17