DPSQA Engagement Meeting Topic- Changes and Improvements to State Plan Personal Care Manual & Processes

November 2024
Jay Hill, Division Director of Aging
Deb Inman, Assistant Director of Aging



Purpose

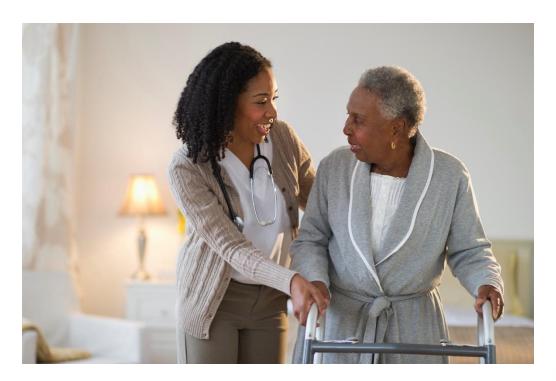


Allow you to hear DAAS' thinking ahead of any firm policy changes or implementation of changes to State Plan Personal Care Program



Agenda

- 1. Background on the Care
 Continuum and Personal Care
- 2. Proposed 2025 Improvements
- 3. Newly Drafted 618-Assessment & Service Plan
- 4. Where we are now
- 5. Q and A



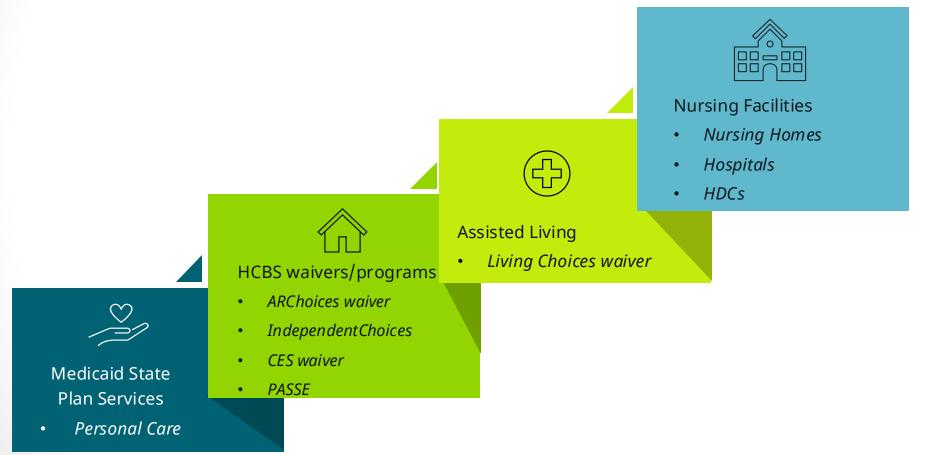


Background on the Care Continuum and Personal Care



Clearing Up the Care Continuum

<u>Care Continuum</u>: DHS aims to support individuals along the care continuum to provide the right services, at the right time, in the right setting







Increasing intensity of services

How Can A Beneficiary Access Personal Care?

It depends on where the beneficiary enters the Care Continuum



Lower Acuity: Personal Care as a stand-alone State Plan service.

- This person only needs personal care through the Medicaid State Plan to help them with their physical dependency needs (ADLs/IADLs), up to 64 hours/month.
- This person is "prescribed" personal care by their Primary Care Provider (PCP) to prevent worsening of condition.
- This person gets a service plan by a personal care provider, based off a functional needs assessment—which only measures ADLs/IADLs.
 The task and hours standard are built into the 618assessment tool to determine duration & frequency.



Higher Acuity: HCBS Waiver program in tandem with Personal Care.

- This person needs different or more supports than what is available through just Medicaid State Plan, through a waiver.
- For ARChoices, Living Choices, CES, and IndependentChoices waivers, this person must first meet the qualifications of the waiver (nursing home level of care standards).
- This person gets a Person-Centered Service Plan from an RN, based off the independent assessment (ARIA)—which measures 94 pages of criteria, not just functional ADLs/IADLs.
- The DHS RN applies the task and hours standard to determine duration & frequency across a range of services and creates an all-encompassing PCSP which covers both the waiver services and nonwaiver services (like personal care) that the person is eligible for.





What the Personal Care Process Looks Like Right Now...

Treating Personal Care like an HCBS Waiver Service—which it is not

Financial/ Categorical Eligibility Determined

1. DCO determines if an individual is Medicaid eligible.

Prior Authorization Request Triggers Independent Assessment

- 2. Medicaid beneficiary/family member reaches out to Personal Care Provider for service.
- **3. Personal Care provider** makes prior authorization request to **Acentra.**
- 4. Acentra sends referral for independent assessment to Optum.

Medical Eligibility & Functional Eligibility Determined with Independent Assessment

- **5. Optum** performs Independent Assessment with ARIA tool and makes functional tier assignment.
- **6. Acentra** reviews independent assessment.
- 7. Acentra applies Task & Hours Standards for beneficiaries 20 & under/
 Optum performs Task and Hours Standards for 21+.
- **8. Optum** uploads results to Personal Care portal (**Acentra**).

Functional Assessment and Plan of Care through DMS-618

- 9. Acentra
 assigns results to
 Personal Care
 Provider.
- 10. Personal
 Care Provider
 performs
 functional
 assessment in
 home and
 completes DMS618 (also known
 as Personal Care
 Service Plan).

Prior authorization created for services

11. Acentra
creates Prior
Authorization
based on DMS618 for
Personal Care
Provider, up to
64 hours/
month.



Concerns with Current Process

The Medicaid Provider Manual for Personal Care has State Plan Personal Care tangled up with rules and procedures that only apply to those on HCBS waivers and Independent Choices.



Primary Care Providers of beneficiaries are not involved in the medical eligibility determination for State Plan Personal Care.



The functional assessment is being performed both by Optum with the ARIA tool and again by the Personal Care Provider with the DMS-618. A streamlined process would be better.



Prior Authorizations require renewal every 6 months, which adds administrative burden.





Reconsidering the ARIA for Stand-Alone State Plan Personal Care

The ARIA is lengthy tool that acts as the state's standardized assessment tool for HCBS waiver services. HCBS waiver services require an independent assessment, as per Federal Regulation, to determine medical need and functional eligibility.

However, Personal Care is a Medicaid State Plan 1905(a) service that only requires a medical prescription and service plan based on an approved functional needs assessment.

Arkansas Independent Assessment (ARIA)



Filling this form with Adobe Acrobat

In order to fill in and save the data on this form you ■ Adobe Acrobat Standard 7 or higher

■ Adobe Acrobat Professional 7 or higher If you only have Adobe Reader you will be able to fill in but not save the form data.

Downloading the form

For access and completion of these forms, you must copy the form(s) onto your hard drive. Do not use the version on the web page for completing and

- 1. Open one of the forms on the web page
- 2 Click on the "disc" icon found on the toolbar
- Save the document to your hard drive.

To fill out a form

- 1. Open the form (saved on your hard drive) on the following page. Select the Hand tool.
- Move the cursor inside the first field, and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a button, a check box, a radio button, or an item from a list. After entering text do one of the following:
- Press *Tab* to go to the next form field to enter
- Press Shift-Tab to go to the previous form
- Press Enter (Windows) or Return (Mac) to travel down the page.
- Use the Space Bar for fields that need a check

To save the completed form with the data

Once you have filled in the appropriate fields, choose File > Save As to save a copy of the form

Type a filename, such as the person's name, and click the Save button. You may print this form. The next time you use this file name you will be typing over the saved data. In order to save the old data and the new data you will need to use Save As and save the file with the new data under a new name.

To clear all data from a form

Click the Clear Form Data button at the top of the form. This will erase all the data from all the fields of the form, creating a blank form.

To print a form

Choose File > Print. If you have difficulty printing the form, or output does not look as expected, check the Print as Image option in the Print dialog box.

To turn pages

Click the Previous Page or Next Page buttons on the toolbar at the top of the screen, or press the Right or Left Arrow keys on the keyboard.

To enlarge or reduce the view of the page

Press Ctrl-0 (Windows) or Command-0 (Mac) to fit the page on the screen. Press Ctrl-2 (Windows) or Command-2 (Mac) to fit the width of the page on



Proposed Improvements to State Plan Personal Care for 2025



Primary Changes Under Consideration

Changes:

Streamline the Medicaid Provider Manual for Personal Care to focus on stand-alone State Plan Personal Care.

Mandate that Primary Care Providers (PCPs) initiate and finalize the approval of medical eligibility for State Plan Personal Care.

Transition from the ARIA tool as the medical and functional assessment test for State Plan Personal Care; replace it with an easier to use, updated 618 for State Plan Personal Care. Remove Optum as the party that performs State Plan Personal Care independent assessments; delegate to Personal Care staff nurses.

Extend the Prior Authorization coverage from 6 months to 12 months for all

Keep the 64 hour/month cap, but remove requirements for PAs for those 21+ utilizing 48 hours or less per month.



What the Personal Care Process Will Look Like in 2025...

Treating Personal Care like a State Plan Service—which it is

Financial Eligibility Determined

1. DCO determines if an individual is Medicaid eligible.*

Evaluation Referral

- 2. Beneficiary reaches out to Personal Care Provider or the PCP to request services.
- 3. PCP completes the initial "Evaluation Referral" (618-ER) for new personal care services. For those already receiving personal care, skip to #5.
- 4.618-ER is maintained by the personal care provider.

Functional Assessment & Service Plan

- 5. Personal Care Provider's RN completes in-person assessment & service plan, using new "618 Assessment & Service Plan" tool (618-Adult or 618-Youth).
- **6.** 618-Adult or 618-Youth sent to **PCP** for review and maintained by **personal care provider**.

Medical Eligibility & Prescription of Services

- 7. PCP reviews assessment results & service plan and then completes a "Treatment for Prescription" (618-TP). This approves the assessment results and service plan for one-year.
- 8. Services can begin upon receipt of the 618-TP. The 618-TP is maintained by the personal care provider.

Prior Authorization Created, if applicable

9. Acentra creates Prior Authorization up to 64 hours/month, lasting 12 months.**

If an adult beneficiary is prescribed 48 hours or less/month, no Prior Authorization is required.

Notes:



^{*}Primary Care provider (PCP) is identified or assigned. If no assigned PCP; handled by **AFMC** through <u>www.connectcare.com</u>

^{**}Monthly cap remains 64 hours, unless an EOB is granted for 20 & under

Reiterating Changes to Process

Sequence of Forms (Replacing Optum's ARIA)

First- "618-ER"

- Initial Evaluation Referral
- Primary Care Provider completes

Next- "618-Adult" or "618-Youth," depending on age

- Functional needs assessment & service plan
- Nurse from Personal Care Provider completes
- *The 618-Youth Assessment will not be discussed in this presentation

Last- "618-TP"

- Treatment for Prescription of Personal Care
- Primary Care Provider completes



Reiterating Changes to Prior Authorizations For 21+ beneficiaries

• The 64-hour monthly cap for services remains.

• <u>Greater than 48 hours</u> per month of personal care services *still requires* a PA from Acentra.

• <u>48 hours or less</u> per month of personal care services *no longer requires* a PA from Acentra.



Anticipated Timelines

Activity	Timeline
 Promulgation of Updated Medicaid Manuals Personal Care ARIA (Independent Assessment) 	January/February 2025
Stakeholder Training on New Forms/Processes Soft Launch of 618-Adult & 618-Youth Assessment & Service Plan Forms	February-June 2025
Effective Date	July 1, 2025



Looking at the Newly Drafted 618-Assessment & Service Plan



				ı	II. Mental	Stat	us		
		_ _ _	Mod	new dera	what confused ately confused dly confused	000	Hyperactive Withdrawn Needs restrai Needs superv		sonal safety
omme	nts:								
			IV.		Physical Depen	iden	icy Status		
0	Bed Mobility & Transfer Status Bedridden			_	Ambulation & Mobility Statu Wheelchair (ass	ıs		Conti Catheter	nence Status Colostomy
	Requires turning in bed			_	Wheelchair (self	f)			-
•	Bed to chair with assistance			9	Motorized chair			Bladder ncontinent	☐ Bowels ☐ Continent
	Must be lifted into chair			3	Walks with assis	stan	ce		
•	Bed to chair without assistance			9	Walks with device	ce			
			(9	Walks alone				

		V. A	Activities of Daily Liv	ving	
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
Bathing	☐ Tub☐ Shower☐ Bed	Client is independent in all aspects of task	Lay out supplies, draw water, safety concerns, transfer in/out, monitoring Minute range: 5-10	Tub/shower, sponge beth, bed bath, drying, transfer in/out of tub/shower Minute range: 15-30	Client is physically unable to perform any part of task Minute range: 35-45
Dressing		Client is independent in all aspects of task	Lay out clothes, occasional help with zippers, buttons, donning socks/shoes, cueing/monitoring	Always requires assistance with zippers/buttons/socks/sho es, requires assistance donning/doffing garments	Client is physically unable to perform any part of task
Feeding/ Eating		Minutes: 0 Client is independent in all aspects of task	Minute range: 5-10 Verbal Cues/ encouragement, donning adaptive devices Note: feeding is calculated by # of meals per week, not #	Minute range: 15-20 Spoon feeding, bottle feeding, needs help to cut food, special diet	Minute range: 25-30 Client is physically unable to perform any part of task
		Minutes: 0	of days Minute range: 5-10	Minute range: 15-20	Minute range: 25-30

- The new 618-Adult follows the same format of the DMS-618 since it includes two parts:
 - The functional needs assessment
 - The service plan
- The new 618 organizes ADLs and IADLs within grids, like the Task and Hours Standards.
- Within the grids are indicators that correspond to levels of need/assistance, as well as clinical standards for recommended minutes of care.



- Includes all ADLs/IADLs
- All indicators and ranges for minutes come directly from the Task and Hours Standards
- Goal of this updated form is to create a more uniform, clinically based functional needs assessment used for all State Plan Personal Care

	Activities of Daily Living (Cont'd)								
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist				
Grooming		Client is independent in all aspects of task Minutes: 0	Lay out supplies, verbal cues, comb/brush hair, apply non-prescription lotion Minute range: 10-20	Shaving (face/legs/underarms), brush teeth. nail care, Wash/Dry/style hair, wash hands/face, apply makeup Minute range: 30-50	Client is physically unable to perform any part of task Minute range: 60-75				
Toileting	☐ Toilet☐ Bedpan/ urinal☐ Bedside commode	Client is independent in all aspects of task	Prepare supplies equipment, clothing assist during task, occasional help with perineal hygiene, occasional help with catheter/colostomy care	Assist on/off bedpan, assist with the use of urinal, assisting with perineal hygiene, assist with feminine hygiene needs, change incontinence briefs, change external catheter, emptying catheter bag, changing colostomy bag	Client is physically unable to perform any part of task				
Transferring		Minutes: 0 Client is independent in all aspects of task	Minute range: 5-10 Help with positioning; minimal assistance rising Minutes: 5-10	Minute range: 15-20 Non-ambulatory movement from 1 stationary position to another; hands-on assistance with rising from sitting to standing; extensive assistance with positioning or turning Minutes: 15-20	Minute range: 25-30 Client requires total assistance with positioning or transferring from bed to chair Minutes: 25-30				
Walking	/l. Instrumer	Client is independent in all aspects of task Minutes: 0	Standby assistance with walking; assistance with putting on/removing leg braces Minutes: 5-10	Steadying in walking/use of steps; assistance with wheelchair ambulation Minutes: 15-20 ages come from Task & H	Client requires total assistance with wheelchair ambulation Minutes: 25-30				
					,				
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist				
Cleaning		Client is independent in all aspects of task	Make bed, straightening areas	Cleaning after personal care tasks, cleaning floors of living area, dusting, cleaning bathroom, cleaning kitchen/appliances/dishes, changing bed linens, Emptying/cleaning bedside commode, emptying trash, setting out garbage for pickup	Client is physically unable to perform any part of task				
Laundry		Minutes: 0 Client is independent in all aspects of task	Minute range: 60-90 Individual requires at least minimal assistance but no special laundry needs:	Minute range: 95-235 Individual has special laundry needs:	Minute range: 240-300				
		Minutes: 0	Minute range: 30-120	Minute range: 120-240					



Client's Name:	Medicaid ID #:

		No Assistance	Standby/Minimal	Futuration Assist	Total Assist
Preparing Meals			Assist	Extensive Assist Meal planning/prepping, cooking full meals, warming/cutting/serving prepared food, breakfast/lunch/supper/snacks, Grinding and pureeing food *The maximum time per meal is 30 minutes. **Additional time for	Total Assist
		Minutes: 0		leftovers. Allow an extra 15 minutes per day to cook enough leftovers for the next meal. Minute range: 10-90	
Shopping		Client is independent in all aspects of task	Preparing a shopping list, picking up extra items	Going to store, shopping for all items, picking up medications, putting items away	Client is physically unable to perform any part of task
		Minutes: 0	Minute range: 10-30	Minute range: 35-90	Minute range: 35-90

Check the box and sign below <u>ONLY</u> if **denying** personal care services based on the beneficiary receiving "0's" in <u>all</u> ADL/IADL areas above. **This form must be returned to the PCP even if denying services**. Provide supportive narrative on the following section.

Beneficiary does not meet medical necessity for personal care services as indicated by the assessment above.

RN Signature and Date

- Continuation of IADL grid
- Designated place to include denial of services, based on scores of '0' in all ADL and IADL categories.



VII. Assessment Narrative
Attach additional pages as needed to describe the client's physical dependency needs. These notes could include clinical
observations and supportive description of the observed deficits, levels of need, risks, or strengths the beneficiary currently
demonstrates. The assessing Registered Nurse, must date and initial all attachments.
VIII. Alternate Resources for Assistance
List alternate resources for assistance with the client's physical dependency needs, beginning with other members of the client's household. Repeat as appropriate for other family and community resources, in accordance with instructions found in the Personal Care provider manual. Attach additional pages as necessary to give a full account. □ I certify that the beneficiary's service plan will not duplicate any other in-home services of which the provider is aware.
IX. Certification of Service Need and Duration
I certify that personal care services are required to:
 Be an effective treatment for the beneficiary's condition under accepted standards of practice
Address the complexity of the beneficiary's condition through assistance with ADLs/IADLs
 Prevent the worsening of the beneficiary's condition

- Designated open space narrative for skilled clinical observations outside the grid
- Section on alternative resources for assistance + certification about nonduplication of services
- Three additional certification checkboxes from manual language



- Section dedicated to the Personal Care Service Plan.
- More structured service plan in the form of a table, instead of open narrative
- Columns help organize information for easy review by PCP

C. Personal Care Service Plan

Attach additional pages as necessary. Using results from the assessment, document the plan to support the beneficiary in each needed ADL/IADL to prevent worsening of their current condition/s.

*Duration should come from the marked-up ADL/IADL grid above, not exceeding the minutes established.

ADL/IADL	Frequency	*Duration (min.)	Staff delivering service	Notes/comments
Ex: Bathing	3 x Week	30 min	PC Aide, LPN, RN, etc.	Aide to assist with bathing, drying, and transferring in/out of tub
		(



Service Time

Maximum and minimum *daily aggregate* service-time estimates (daily total in minutes, weekly total in hours) for Personal Care Aide services for the client are:

Example Week: Daily Totals

Weekday #	1	2	3	4	5	6	7
Minimum							
Maximum							

W	ee	kŀ	/ T	of	tal	s

	Minimum Maximum
	The frequency, intensity and duration must be medically necessary based on the results of the assessment and realistic for the age of the beneficiary.
Additio	onal comments regarding the duration, frequency or scope of personal care services:
	Personal Care Service Location
	Private Residence
	Residential Care Facility
	School
	DDS Facility
	Other (describe):
	Service Location(s) Address(es):

RN Signature and Date

- Continuation of Service
 Plan Section, including
 Daily Totals chart (same as before)
- Section on alternative resources for assistance + certification about nonduplication of services
- Three additional certification checkboxes from manual language



• Last Section is client acceptance of authorized service plan

XII. Client Acceptance of Authorized Service Plan

I understand that I will receive only medically necessary assistance with my physical dependency needs. I accept this personal care service plan.

Signature of Client or Client's Representative Date

Extension of benefits up to the 64 hour/month cap requires a 618 re-assessment and approval by the beneficiary's PCP. If the beneficiary needs more than 64 hours, please apply to the appropriate HCBS waiver for their needs

Apply For Services - Arkansas Department of Human Services



Where We Are Right Now

Engaging with providers and stakeholders like AFMC, PCPs, School districts, Acentra, Gainwell, internal DHS divisions

Manual is under internal DHS review; expected to go to Governor in the next few weeks for approval

Planning training and educational sessions for early next year



Questions & Answers

