Plan of Care Reduction Process

Plan of Care Development

- Care Coordinator must go out and meet the individual face-to-face
- They can have a family member or other individual present (sometimes providers want to be present as well)
- MCO Care Coordinator completes a comprehensive needs assessment and/or health risk assessment and walks through the actual amount of time it takes for an individual or their direct service worker to complete or task. The document is scored and the appropriate number of units or hours is identified
- If the needs assessment and/or health risk assessment indicate fewer hours than are currently on the plan of care, the member is made aware that a request for a reduction is being made

Plan of Care Reduction

- MCO Care Coordinator enters the request onto KAMIS (HCBS Information System) and answers 10 questions including whether the person is at risk for abuse, neglect or exploitation, at risk for falling, using assistive devices, in need of a two-person lift, or in an area where the provider network is limited.
- Question 10 is a narrative where the MCO Care Coordinator must indicate why the reduction is requested. A copy of the needs assessment or health risk assessment can be attached

Approval Process

- There must be a current Functional Assessment Instrument or Uniform Assessment Instrument available on KAMIS for KDADS staff to review. (If not, we "abort" the request and notify the MCO Care Coordinator to send notification to the ADRC to complete an assessment)
- Three staff members must review the request and score the 10 questions between (0-not applicable) 1-no risk to 5-high risk/reduction not recommended
- KAMIS calculates a score that averages the responses from the three reviewers. The leader reviewer than "approves," "approves with recommendations," or "denies" the request.

Reasons for a Reduction

- A reduction can be voluntary or involuntary and some reductions are related to the fact that a person has already discontinued using a service that is on the Plan of Care or no longer wants to receive a service.
- Some reductions are related to enforcement of existing policy such as the "capable person" policy (If an individual lives at home or with another person who is capable of doing the cooking, cleaning, laundry and other housekeeping tasks, then a personal care attendant cannot be paid to complete these tasks)
- Others reflect a change in an individual's needs or circumstances. Some reductions also reflect increases in other areas that show how services are being realigned to meet member's current needs (recovery from surgery, improvements after therapy, etc)
- A reduction may also occur if there was an increase after KanCare related to crisis or other need, and the reduction returns to the pre-KanCare number of units or higher.

Robert G. (Bob) Bethell Joint Committee
on Home and Community Based services and KanCare Oversight
November 25, 2014
Attachment 33

National Core Indicator Information

- National Core Indicators was developed as the result of the ADA, Rehabilitation Act and DD Reform Act as a community living policy initiative based on *Olmstead v. L.C.*, expert panels and other reports related to individuals with I/DD.

- States make substantial investments in long-term supports and services, but many times quality data reporting is unavailable for a number of reasons. Although CMS has built in quality requirements in each HCBS waiver that allow the State to report quality outcomes such as access to services, network adequacy, health and safety risk, participant choice and participant involvement in the process, these reports an insufficient to provide data-based outcomes that continue to inform systems change

- These processes have served the I/DD system for years; however, NCI brings a national tool that will allow the State to provide detailed quality data and consumer satisfaction information consistent with other states. This data can then be compared nationally and will likely provide a more accurate picture of where Kansas stands on the national level.

- Currently, the KLO is used for quality review of system. Kansas also relies on the KDADS HCBS Quality Management Specialists (field staff) who are responsible for licensure quality, provider quality, and system review to ensure system quality. CDDOs also self-report data that is collected in a survey and shared at the Statewide Quality Oversight Committee annually.

- The NCI will also allow us to work on system improvements under managed care as we improve our person-centered system to include comprehensive care, coordination and support for individuals with disabilities who want to live, work and thrive in the community.

- Conclusions from the NCI studies reveal that people with IDD who live in smaller places or at home with families have better outcomes. Decreasing institutionalization and dependence on congregate settings can improve the lives of individuals with IDD.

  KDADS Staff participated in NCI training on August 8, 2013. On September 11, 2013, HCBS Quality Management Specialists were trained on how to conduct NCI surveys. Surveying will begin in October 2013

  Kansas is participating in the development of the NCI-AD (aging and disability) tool, which will be based on the current NCI tool, but will address other service needs of the aging and disability populations. This tool will allow Kansas to improve quality in all areas of home and community-based services