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Improving Access to Home and Community Based Waiver Services

Build upon the ACA
Transformation to Integrate
Waiver and Medicaid Eligibility
Processes





Speaker Introductions

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Senior Manager Deloitte

- Project Manager for KY's MWMA Solution
- Implement solutions for streamlining delivery of home and community based services

This session will highlight how Kentucky is leveraging the ACA Transformation to improve access to HCB services

Citizens face many hurdles in accessing Home and Community Based Waiver Services

- Confusing application process
- Individual must find the right waiver
- Significant delays and effort for enrollment
- Hurdles lead underutilization of HBCS

Leverage ACA Transformation



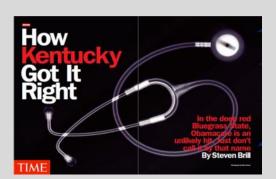
- 484,000+ Individuals have enrolled so far
- 367,000+ Individuals have conducted pre-screenings



1st place honors in the health and human services category by The Center for Digital Government's 2014 Digital States Survey



Government Technology's Top 25 Doers

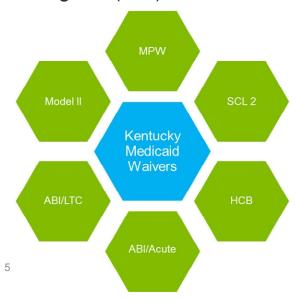


Kentucky Landscape



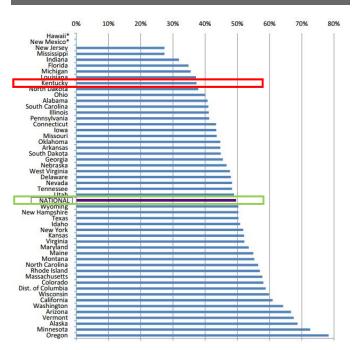
Kentucky's Overall Landscape

- 26th largest state in US with a population of ~4.4 million
- 47th in the overall health outcomes in US
- \$7.9 Billion in Total Medicaid spending in 2014
- 36% of Medicaid Enrollees are Aged or Disabled, and utilized 63% of the Total Medicaid Spending
- 6 Home and Community Based Service 1915(c) waivers with ~25,000 enrolled individuals
- HCBS Expenditures accounted for 37.3% of total LTSS Expenditures
- Kentucky has been awarded the Balancing Incentive Program (BIP) and TEFT Grants





Medicaid HCBS Expenditures as a % of Total Medicaid LTSS Expenditures



Opportunities to Enhance Delivery of Home and Community Based Services in Kentucky

1

MONITORING OUTCOMES

Need for an IT system that automates the various waiver processes and integrates with other existing enterprise systems

2

STANDARDIZED PROCESSES

The processes, policies, and procedures vary by waiver.

3

LEVEL OF CARE ASSESSMENT

The tools and processes required improvement. Some disconnects between the level of care assessment, the plan of care, and the need for services.

4

ELIGIBILITY AND ENROLLMENT TIMEFRAMES

Multiple agencies and steps were involved before a person can be enrolled in waiver services.

5

BUDGET

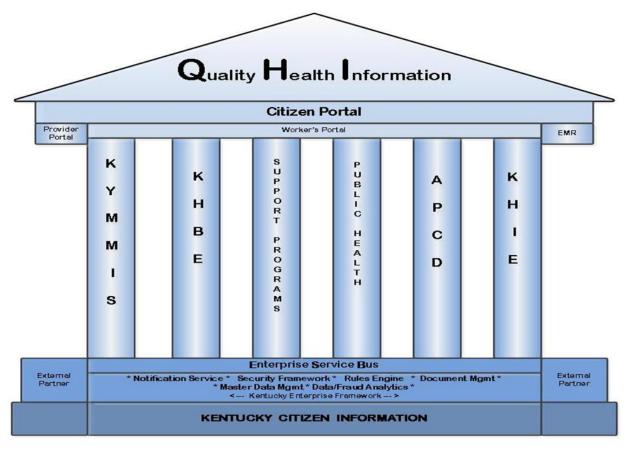
Waiver program costs and demand for services have continued to climb, while state funding has decreased, placing enormous pressure on cost containment strategies.

Transformations
Underway in
Kentucky



Quality Health Information

Kentucky's Strategic Vision for Healthcare Transformation



- Kentucky developed a Health IT framework
- Integrated IT vision to support an integrated HHS organization
- Striving for single view of the individual
- Focus on improved delivery and quality of health care

Key Transformations





- Recognized as one of the most successful health insurance exchanges
- Pre-screening and plan comparison tool to shop for insurance plans
- Intuitive self-service portal for citizens and other stakeholders
- 484,000+ individuals have enrolled so far



- Standardized waiver screening application
- Streamlined level of care assessment submission and review processes
- Streamlined plan of care development and review processes
- Case management tools— Caseload Management, Case Transfers, Case Notes and more
- Automated workflows, tasks, and notifications



- Streamlined application screening and processing across multiple programs (waiver, Medicaid, TANF, etc.)
- Self-service capability for individuals/representatives, including Personal Health Data
- Improved assessment tools
- Automated capacity management
- Electronic timesheets
- Streamlined incident reporting and review

Deep Dive – MWMA Guiding Principles

- Standardized processes and streamlined access to services (e.g., No Wrong Door)
- Real-time access to data across waivers
- Single view of waiver Individual
- Tools to promote equitable distribution of services based on needs
- Streamline processes to enable faster access to services
- Improved access to information for individuals/representatives
- Optimize information-sharing among providers

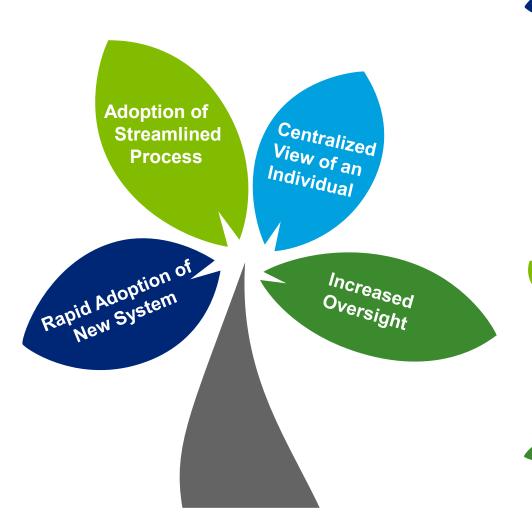


Results and Leading Practices



Results

Encouraging Results and Widespread Adoption



Rapid Adoption Of New System

- 150+ Agencies and 1,100 Case Managers use the system
- 90% Individuals transitioned to new system



Adoption of Streamlined Process

More than 450+ Applications, 900+ Plans of Care and 39,000 case notes submitted

Centralized View of an Individual Easy access to information for case

managers and waiver administrators

Increased Oversight

Waiver Administrators can monitor the bottlenecks in the waiver business processes and track exceptions

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Leading Practices

Increase End User Awareness and Focused Adoption Strategies

Intensive Training

- Face-to-face training sessions
- Self Paced Web Based Trainings,
 Job Aids, and Tip Sheets
- Agencies self sustaining for training users

Outreach

- Early Adopters Involve Agencies in Testing
- Communicate regularly
- Communicate via different channels

Post Implementation Support

- Early Adopters Involve key agencies to adopt system faster
- Providing hi-touch personalized support to Agencies
- Call Center to provide assistance
- Share adoption metrics with overall user base

Future Roadmap



Future Roadmap

The Transformation Has Just Started



















Open Discussion



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