FOUNDATIONS
CARE
MANAGEMENT

Opening Doors

Setting Foundations for Self Advocacy and Empowerment

Evolving into Quality Assurance

Objectives

- Foundations Care Management
- ACA 2010
- Evolution
- Highlights

All About Us

A community-based case management firm designed to provide quality, cost effective, **person-centered** care that will promote the health and well-being of people with disabilities and special health care needs.

Our Mission

Empower individuals to enhance their quality of life through **Education**, **Advocacy** and community resources.

We service all individuals without regard to race, religion, culture or socio-economic status.

Philosophy

Our philosophy is to **Empower** participants to set the Foundation for a successful life within the community. We strongly encourage **Self-direction**, training **(education)**, and the utilization of community resources.

Foundations

- Founded by **Registered Nurses** (RN)
- Established in response to the **Affordable Care Act (ACA) 2010** and the growing need for Supports Planning (case management) services for individuals whom desire to remain within the community

What We Do

- Successfully provide Supports Planning (case management) services to participant's throughout the entire state of Maryland
- We **EMPOWER**, **ADVOCATE**, **EDUCATE**, and assist our **PARTNERS** in maintaining their maximum level of independence while residing in the community

Partnerships

We **Partner** with the Maryland Department of Health and Mental Hygiene (DHMH)

HCBSW

Promote the goals and initiatives of **Home and Community Based Services Waivers** by ensuring that FCM provides quality case management services, while educating our participants on the alternatives to institutional care and enhancing the quality of life among our **partners** served.

Caring for Partners

Increase long-term care services and supports

Reduce cost and resources of institutional care

Create opportunity for our partners

Affordable Care Act (ACA) 2010

"Improving Quality and Lowering Costs"

ACA 2010

March 23, 2010

Put consumers back in charge of their health care **(person-centered planning)**

The ACA is working to make health care more affordable, accessible and of a higher quality, for families, seniors, businesses, and taxpayers alike

Working Together

The Centers for Medicare and Medicaid Services (CMS)

+

State Partners

Identify key implementation priorities &
Provide guidance for the significant changes to Medicaid

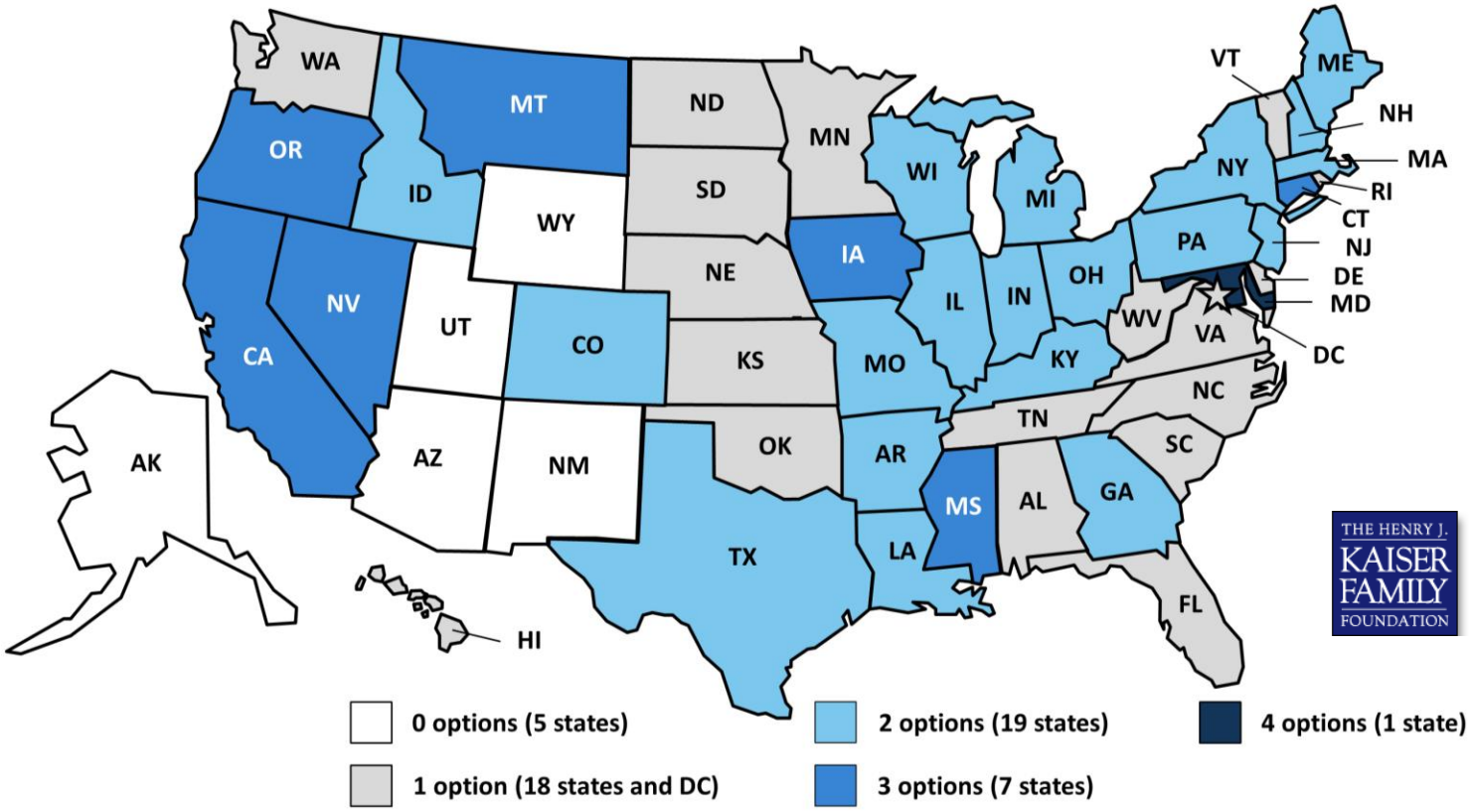
Services

Standard Services Include but Are Not Limited To:

- Case Management
  (Supports And Service Coordination)
- Homemaker
- Home Health Aide
- Personal Care
- Adult Day Health Services
- Habilitation
  (Both Day and Residential)
- Respite Care
- "Other"

State-by-State

Various State Plan HCBS Options



Requirements

For Primary State Plans

Eligibility Requirements	Annual Assessment(s)	Plans of Service (POS)
financial, medical and **technical**	**ADL/IADL** functioning and medical	**person-centered** planning

State Plan Options

The primary State plan options include:

- Community First Choice (CFC) or 1915(k) waiver
- Community Options (CO) or 1915(i) waiver
- Medical Assistance Personal Care (MAPC)
- Increased Community Services (ICS)
- Money Follows the Person (MFP)

State Plan Option 1

Community First Choice (CFC) or 1915(k)

Waiver: Federal funding is provided to states which will assist participants in gaining **Person-Centered** home and community based services and supports to allow disabled individuals to live within their communities.

State Plan Option 2

Community Options (CO) or 1915(i)

Waiver: Older Adults and Living at Home Waiver programs merged into the Community Options (CO) Waiver.

Eligible individuals have been transitioned or diverted from a nursing facility **back into the community**.

State Plan Option 3

Medical Assistance Personal Care Program (MAPC)

Provides personal care services to Medicaid recipients who have chronic illness, medical condition or disability.

State Plan Option 4

Increased Community Services (ICS)

Allows individuals with incomes above 300 percent Supplemental Security Income to move into the community while permitting them to keep income up to 300 percent of SSI.

Services Offered by Program

	MAPC	CFC	Waiver
Personal Assistance Services	X	X	X
Case Management/Supports Planning	X	X	X
Nurse Monitoring	X	X	X
Personal Emergency Back-up Systems		X	X
Transition Services		X	X
Consumer Training		X	X
Home Delivered Meals		X	X
Assistive Technology		X	X
Accessibility Adaptations		X	X
Environmental Assessments		X	X
Medical Day Care			X
Nutritionist/Dietician			X
Family Training			X
Behavioral Consultation			X
Assisted Living			X
Senior Center Plus			X

State Plan Option 5

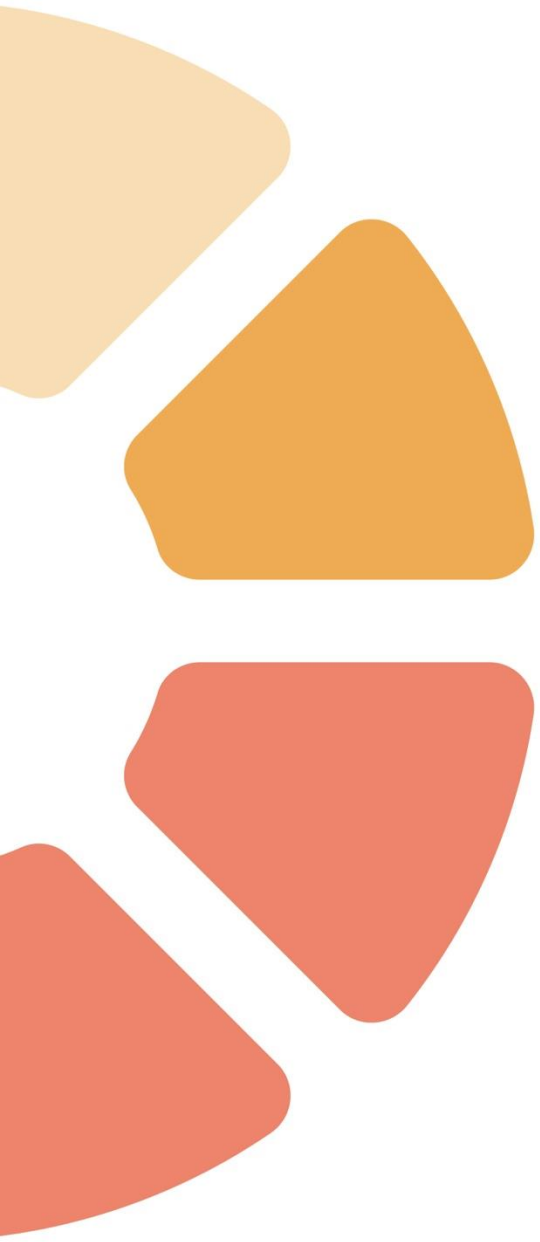
Money Follows the Person (MFP)

Grant designed to rebalance long-term care support systems to increase home and community based services as an alternative to institutional care.

Flexible Funds: Only available to MFP participants transitioning from a nursing facility. Includes funds for groceries, transportation, clothing and other needed items that could not otherwise be funded by Medicaid.

Consumers in Charge of Care

Under the law, a new "**Patient's Bill of Rights**" gives the American people the stability and flexibility they need to make informed choices about their health.



Change your Mind, Change your Life

Gerald Jampolsky

Person-Centered Planning

Jenifer Zimmer, Ph.D.

Person-Centered Planning

A set of approaches designed to assist someone to plan their life and supports

Used most often as a life planning model to enable individuals with disabilities or otherwise requiring support to increase their personal self-determination and improve their own independence

Partnering Approach

Person-Centered Planning = Partnership

Requires understanding and respect for each partner's unique and individual needs, culture, values and preferences

Person-Centered Planning

We need to use person-centered language that is…

- Easily understood
- Informal medical terms
- Just plain, simple English
- Focuses on the ***partner***
- Without labels or judgment
- Is always **PEOPLE FIRST**

Remember…

The person is in control

LABEL JARS … NOT PEOPLE

Person-Centered Planning Exercise

Evolving into Quality Assurance

In CFC, CO, MAPC, and ICS

Quality Assurance

In accordance with **42 CFR (Code of Federal Regulations) §441.302**, the State provides the following assurances to CMS. Unless the Medicaid agency provides the following satisfactory assurances, CMS will not grant a waiver under this subpart and may terminate a waiver already granted.

Quality Assurance

- Health & Welfare
- Financial Accountability
- Evaluation of Need
- Choice of Alternatives
- Average per Capita Expenditures

Quality Assurance

- Actual Total Expenditures
- Institutionalization Absent Waiver
- Reporting
- Habilitation Services
- Services for Individuals with Chronic Mental Illness

Quality Assurance

Health & Welfare

The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver

Quality Assurance

What we do at FCM…

- Background Checks for Support Planners
- Four Year Human Service Degree
- Reportable Events
- Monthly Monitoring
- Documentation
- Interdisciplinary Coordinating
- **Education** (Partners and Staff)
- Quality Assurance Calls and Surveys

Quality Assurance

Financial Accountability

The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver

Plan of Service - Status Report

Search Criteria:
Waiver/Program: CFC Only, CO, CO w/CFC Services, ICS, MAPC
Client Status: Currently Enrolled
Start Date - End Date: N/A (Date Range is not applicable when running report for Currently Enrolled Clients)
(reference Plan of Service Decision Date)
Report Date: 8/25/2015

CFC Only, CO, CO w/CFC Services, ICS, MAPC Plan of Service - Status Report

Waiver/Program	Status	POS	POS Exceeding 100% Cost Neutrality					POS Exceeding Recomme		
			Provisional	Initial	Annual	Revised	Total	Provisional	Initial	Annual
CFC Only	Approved	746	0	0	0	0	0	0	19	30
	Denied	4	0	0	0	0	0	0	0	1
CO	Approved	1	0	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0	0	0
CO with CFC	Approved	61	0	0	0	2	2	0	0	5
	Denied	0	0	0	0	0	0	0	0	0
ICS	Approved	0	0	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0	0	0
MAPC	Approved	0	0	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0	0	0

Quality Assurance

What we do at FCM…

- Supervisors Monitoring Plans of Service (POS)
- Monthly Support Planner Monitoring
- Monthly Contact with Providers Listed on POS
- In-Home Supports Assurance System (ISAS) Monitoring
- Quality Assurance Documentation Audits
- Quality Assurance Survey Calls
- Monthly Eligibility Review
- Conflict-of-Interest Free Case Management

Quality Assurance

Choice of Alternatives

The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified, the individual (or, legal representative, if applicable) is:

- Informed of any feasible alternatives under the waiver
- Given the choice of either institutional or home and community-based waiver services

Quality Assurance

What we do at FCM…

- Peer Options Counseling Coordination
- **Educate** on Maryland Access Point (MAP)
- Utilize Essential Lifestyle Planning Booklet (identify participant goals, strengths, likes, dislikes, etc.)
- Provide State approved provider lists to encourage self-directed care
- Acknowledgement of choice in selecting the Support Planning Agency

Quality Assurance

Average Per Capita Expenditures

The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. (*Cost-neutrality and Recommended Flexible Budget)*

Proposed Budget By Group

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 1	PA1	PHYSICAL FUNCTION – LOW ADL	$8,336.00
	BA1	BEHAVIORAL – LOW ADL	$8,336.00
	CA1	CLINICAL COMPLEX – LOW ADL	$8,336.00
	IA1	COGNITIVE IMPAIRMENT – LOW ADL	$8,336.00
	PA2	PHYSICAL FUNCTION – LOW ADL, LOW TO HIGH IADL	$8,336.00
	RA1	REHABILITATION – LOW ADL	$8,336.00

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 2	BA2	BEHAVIORAL – LOW ADL, HIGH IADL	$16,167.00
	CA2	CLINICAL COMPLEX – LOW ADL, HIGH IADL	$16,167.00
	IA2	COGNITIVE IMPAIRMENT – LOW ADL, LOW TO HIGH IADL	$16,167.00
	PB0	PHYSICAL FUNCTION – LOW TO MEDIUM IADL	$16,167.00

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 3	CB0	CLINICAL COMPLEX – LOW TO MEDIUM ADL	$22,504.00
	RA2	REHABILITATION LOW – LOW ADL, HIGH IADL	$22,504.00
	PC0	PHYSICAL FUNCTION – MEDIUM TO HIGH ADL	$22,504.00
	SSA	SPECIAL CARE – LOW TO HIGH ADL	$22, 504.00
	IB0	COGNITIVE IMPAIRMENT – MEDIUM ADL	$22, 504.00
	BB0	BEHAVIORAL – MEDIUM ADL	$22, 504.00

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 4	PD0	PHYSICAL FUNCTION – HIGH ADL	$30,314.00
	CC0	CLINICAL COMPLEX – HIGH ADL	$30,314.00

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 5	SB1	EXTENSIVE SERVICES 1 – MEDIUM TO HIGH ADL	$34,545.00
	RB0	REHABILITATION HIGH – HIGH ADL	$34,545.00
	SSB	SPECIAL CARE – VERY HIGH ADL	$34,545.00

GROUPS	RUG	GROUPER DESCRIPTION	BUDGET
GROUP 6	SE2	EXTENSIVE SERVICES 2 – MEDIUM TO HIGH ADL	$43,558.00

Quality Assurance

What we do at FCM…

- Monitor Plans of Service (POS)
- **Educate** our **partners** on covered services within their program
- Utilizing non-Medicaid/Medicare community supports and resources
- Prevent duplication of Medicaid/Medicare services

Quality Assurance

Actual Total Expenditures

The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for federal financial participation (FFP) in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

Plan of Service - Status Report

Search Criteria:
Waiver/Program: CFC Only, CO, CO w/CFC Services, ICS, MAPC
Client Status: Currently Enrolled
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ICS	Approved	0	0	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0	0	0
MAPC	Approved	0	0	0	0	0	0	0	0	0
	Denied	0	0	0	0	0	0	0	0	0

Quality Assurance

Institutionalization Absent Waiver

The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

Plan Of Service - Cost Neutrality Report

earch Criteria:
tart Date - End Date: 1/1/2014 - 12/31/2014 (References client enrollment periods)
upport Planning Agency: Foundations Care Management - Foundations Care Management
eport Date: 8/25/2015

Waiver Program	Support Planning Agency	POS Type	Total Clients	Clients < 90% of Cost Neutrality	Clients ≥ 90% and ≤ 100% of Cost Neutrality	Clients > 100% and ≤ 125% of Cost Neutrality	Clients > 125% of Cost Neutrality
CO	Foundations Care Management	Annual	0	0	0	0	0
		Initial	0	0	0	0	0
		Provisional	0	0	0	0	0
		Revised	15	14	0	1	0
		Total	**15**	**14**	**0**	**1**	**0**
ICS	Foundations Care Management	Annual	0	0	0	0	0
		Initial	0	0	0	0	0
		Provisional	0	0	0	0	0
		Revised	0	0	0	0	0
		Total	**0**	**0**	**0**	**0**	**0**

Quality Assurance

What we do at FCM…

- Ensure interRAI assessment is completed by RN
- Review interRAI assessment and Plan of Care (POC) with partners
- **Educate partners** on POC recommended services
- Consultation with RN to ensure appropriate type of Medicaid-funded services are implemented for the appropriate program
- A minimum of Monthly Support Planning Monitoring
- Monitoring medical compliance of chronic illnesses

Quality Assurance

Reporting

The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS

Quality Assurance

What we do at FCM…

- Monitor annual interRAI assessments
- Monitor and reporting significant change in health status
- Submit and monitor Reportable Events
- Analyze Intervention and Action Plans of Reportable Events
- Minimum of Monthly Support Planning Monitoring
- **Advocate** for management of chronic illnesses
- Monitor Plans of Service (POS) to ensure cost neutrality, and health and safety needs are met

Quality Assurance

Habilitation Services

The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are:

- (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or the Rehabilitation Act of 1973; and,
- (2) furnished as part of expanded habilitation services.

Quality Assurance

Services for Individuals with Chronic Mental Illness

The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are:

1. Age 22 to 64;

2. Age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or

3. Under age 21 when the State has not included the optional Medicaid benefit cited in 42 CFR §440.160.

Quality Assurance

What we do at FCM…

- **Educate** our **partners** on services offered by program
- Identify alternate supports and resources for non-covered Medicaid/Medicare services
- Provide support and **advocacy** in selecting the hospital or rehabilitation program (if applicable to the **partner**)

Highlights of Quality Assurance

in CFC, CO, MAPC and ICS

Participant Satisfaction Survey 2014

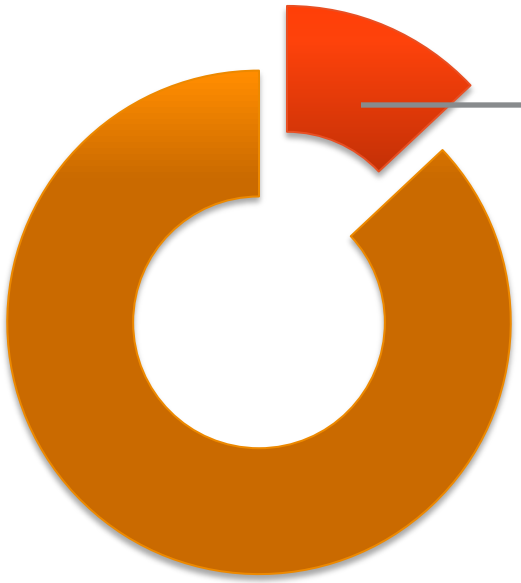
Audit enabled **partners** and/or their representatives to provide feedback in the following areas:

- Respect/Knowledge (Disabilities)
- Respect (Participant and/or Representatives)
- Knowledge of Programs,
- Intervention and Support
- Collaboration
- Professionalism
- Interdisciplinary Involvement
- Understanding (Compassionate)
- Advocacy,
- Communication
- General Comments (optional)

Participant Satisfaction Survey 2014

Survey administered to all FCM participants

(1,141 as of 6/9/15)



156 survey responses

13% of FCM participant's

Survey Ratings

1=Poor

2=Below Average

3=Average

4=Above Average

5=Excellent

OVERALL AVERAGE

4.39

Survey Questions

Q1. Demonstrates respect for persons with disabilities (medical and mental health)	4.5
Q2. Demonstrates respect for the participant, family, and friends	4.5
Q3. Demonstrates knowledge of the programs offered (CFC, MAPC, ICS, CO)	4.3
Q4. Is knowledgeable of a variety of interventions and support strategies	4.3

Survey Questions

Q5. Works in a cooperative and collaborative manner as a team member	4.4
Q6. Conducts all activities in a professional manner	4.4
Q7. Supports Planner makes an effort to foster a positive relationship with the participant's interdisciplinary team (participant, family, physicians, social workers, etc.)	4.3

Survey Questions

Q8. Supports Planner listens to what I (we) have to say	4.5
Q9. I (we) feel Supports Planning is helpful to the participant	4.4
Q10. I (we) can contact the Supports Planner when needed	4.4
Q11. Supports Planner keeps me (us) informed	4.3

Survey Results

Overall satisfaction rating of 87%

- This survey was confidential. The information provided by participants did not negatively affect any services being rendered by FCM
- Providing the participant name and/or representative name(s) was optional

Plan of Service Status Report

WAIVER/PROGRAM	STATUS	POS
CFC Only	Approved	1,705
	Denied	12
CO	Approved	3
	Denied	0
CO with CFC	Approved	161
	Denied	0
ICS	Approved	0
	Denied	0
MAPC	Approved	64
	Denied	0

Plan of Service Status Report

January 1, 2014 – December 31, 2014

- **1,930 plans approved**
- **99.896% cost neutrality**: Out of the Plans of Service submitted for 2014 only 2 of the approved POS exceeded 100% cost neutrality. This included CFC, CO w/ CFC services, and MAPC participants (no ICS participants were enrolled)

Plan of Service Status Report

This evidence shows that **waiver programs** are consistent with the overall expectations and outcomes to **provide cost neutral services in the community**. This is consistent with HCBS Quality Assurance Measures related to financial accountability and actual total expenditures.

Community Options Waiver Program

Foundations Care Management **successfully transitioned a total of 24 participants** into the Community Options (CO) Waiver Program.

16 out of 24 participants transitioned into the Community Options Program with Money Follows the Person.

Contact Information

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“Don’t Fear Change, Fear Not Changing”

Unknown

QUESTIONS ...

References

- www.medicaid.gov.
- Code of Maryland Regulations (COMAR)
- U.S. Department of Health and Human Services. http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html#2014
- Home and Community Based Services (HCBS) Application. Version 3.5.
- Patient-Centered Planning, Jenifer Zimmer, Ph.D.

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