

*IMPLEMENTING NEW MANAGEMENT
INFORMATION SYSTEMS TO SUPPORT LONG
TERM SERVICES AND SUPPORTS:
LESSONS FOR STATES DESIGNING NEW OR
ENHANCING EXISTING SYSTEMS*

Presentation for the 2016 HCBS Conference

Speakers



- Alaska Department of Health and Social Services:
 - *Duane Mayes, Director, Division of Seniors and Disabilities Services*
- Colorado Department of Health Care Policy and Finance:
 - *Tim Cortez, Manger, Community Options Section*
 - *Chris Underwood, Director, Health Information Office*
- Maryland Department of Health and Mental Hygiene:
 - *April Wiley, Community Options Policy Supervisor, Community Options Administration Division*
- HCBS Strategies:
 - *Steve Lutzky, President*



Steve Lutzky

HCBS Strategies



LTSS-IT: Enhancing Operations vs. Garbage In, Garbage Out

- LTSS IT implementation will only be successful if automating clear business processes
- Business processes must be restructured to take advantage of automation

What is a Business Process?



- Linked tasks that result in the delivery of a service or product to a client
- Set of activities and tasks aimed at accomplishing a goal
- Is this a new idea?



Is Thinking About Business Processes a New Idea?

One man draws out the wire, another straightens it, a third cuts it, a fourth points it, a fifth grinds it at the top for receiving the head: to make the head requires two or three distinct operations: to put it on is a particular business, to whiten the pins is another ... and the important business of making a pin is, in this manner, divided into about eighteen distinct operations, which in some manufactories are all performed by distinct hands, though in others the same man will sometime perform two or three of them.

-Adam Smith (1776)

Using Enhanced Funding to Enhance Business Operations

- Acronyms to know:
 - *Medicaid Management Information System (MMIS)*
 - *Medicaid Information Technology Architecture (MITA)*
 - *Advanced Planning Document (APD)*
 - Implementation Advanced Planning Document (IAPD)
- MITA expands role of MMIS to support necessary business processes
- APD/IAPD is a request for enhanced funding for MMIS:
 - *90/10 for development*
 - *75/25 for operations*

MITA + MMIS + IAPD = \$ for Restructuring Operations

- Enhancing:
 - *Access processes:*
 - Assessment, eligibility determination, resource allocation
 - Support planning processes truly driven by person-centered goals
 - *Training infrastructure*
 - *Quality Management processes*

- All potentially eligible for enhanced match

**State of Alaska
Division of Senior and
Disabilities Services**

**New System
Implementation
Underway**





Duane Mayes, Director

Alaska Department of Health and Social Services
Division of Senior and Disabilities Services



Alaska Programs

- Adult Protective Services
- Provider Certification, Licensing and Oversight
- Grant Agencies and Services
- Four 1915(c) Waivers
- Medicaid Personal Care Assistance Services
- State Funded Assisted Living Home Payments
- Long Term Care



System Needs

- Web portal for reports of harm and incidents
- Investigations
- Provider approval systems
- Web Resource Center for public provider and service
- Assessment and eligibility for multiple programs
- Web portal for submission of applications and plans
- Apply business rules in plan review in a validation step
- Support evaluation of plans
- Authorize payment of services
- Interact with financial eligibility and payment systems
- Consumer web portal
- Data for program performance and planning



Timeline

- 2012 Defined requirements
- 2012 Received CMS 90/10 FFP via IAPD
- 2013 Engaged Contractors
- 2014 Began phased project
- 2014 Implemented APS and Critical Incidents
- 2015 Implemented Licensing Management
- 2016 Planning internal and provider case management
- 2017 Plan for completion of other functions
- 2017-2019 Plan for major program changes



Oh if only the world had stood still...

...but it did not!

A stable environment would be ideal...

but that would have been too easy!



Reality – Challenges

- Constant policy and procedure change
- Interface partner systems have conflicting schedules and unpredicted challenges
- Wish for more program automation but undefined rules
- Refinement requests throughout
- New programs developing
- Restructuring business flows



Challenges in the Journey

- Communicating needs in RFP and ongoing business discussions
- Defining business needs clearly enough
- Keeping scope manageable
- Accomplishing within federal time line
- Planning for State resources
- Engaging your Information Technology Department



Preparing for Phase II

- Need to rethink business operations:
 - Lesson learned from Phase I
 - Respond to CMS HCBS rules
 - More effectively and quickly respond to budget changes
- Expanded IAPD to include development of key business processes:
 - Intake, assessment, and support planning processes that comply with HCBS rules
 - More sophisticated, effective, and fair resource allocation approaches



Questions?

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Thank You!



Implementing Information Management Systems in LTSS

The Perspective and Lessons Learned from Colorado

Tim Cortez and Chris Underwood



COLORADO
Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

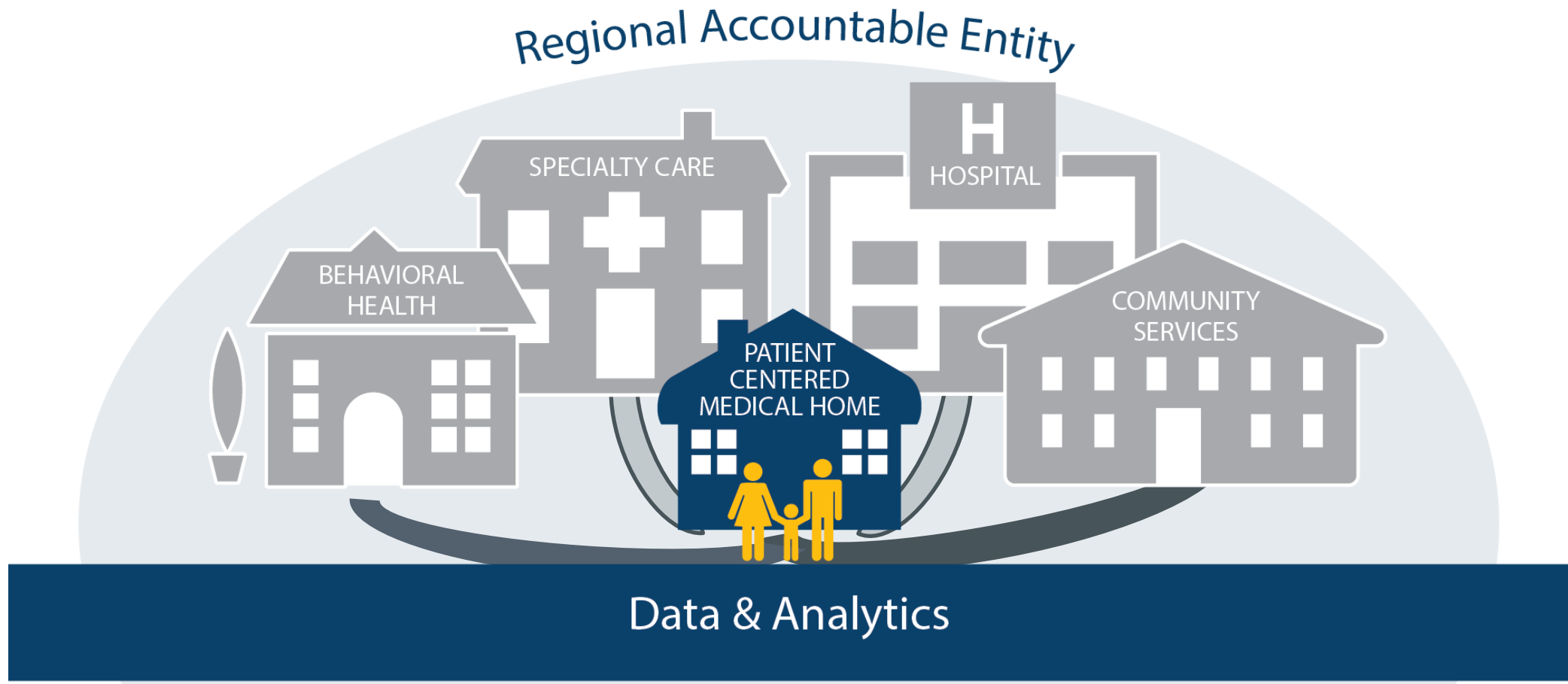


Objectives

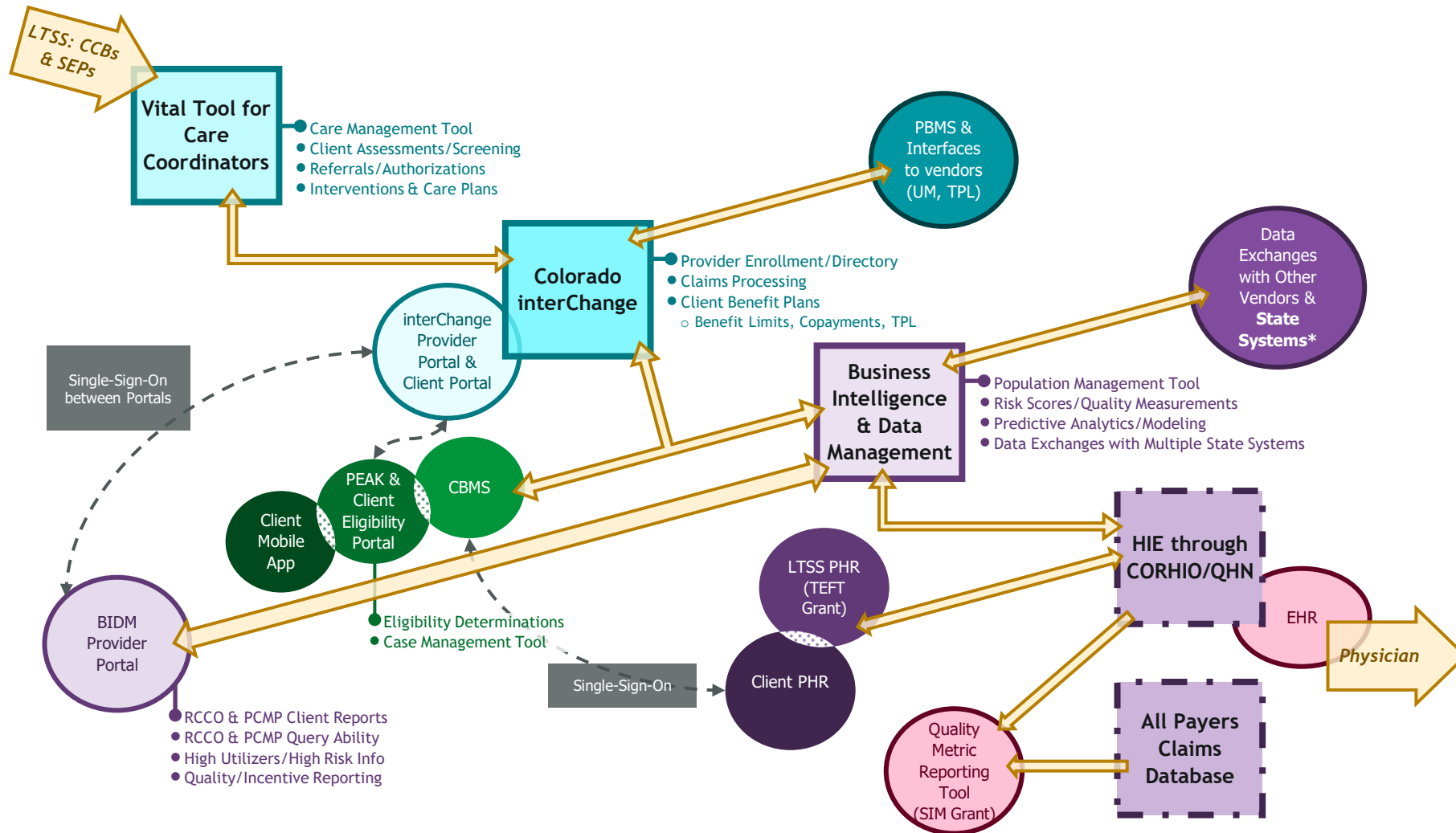
- Identify the core functions that the new system needs to fulfill (requirements);
- Identify obstacles and challenges in securing a vendor (contracting);
- Understand how enhanced federal financial participation (FFP) was used (Funding); and
- Disclose the considerations and lessons learned for implementation (Things To do or not to do).



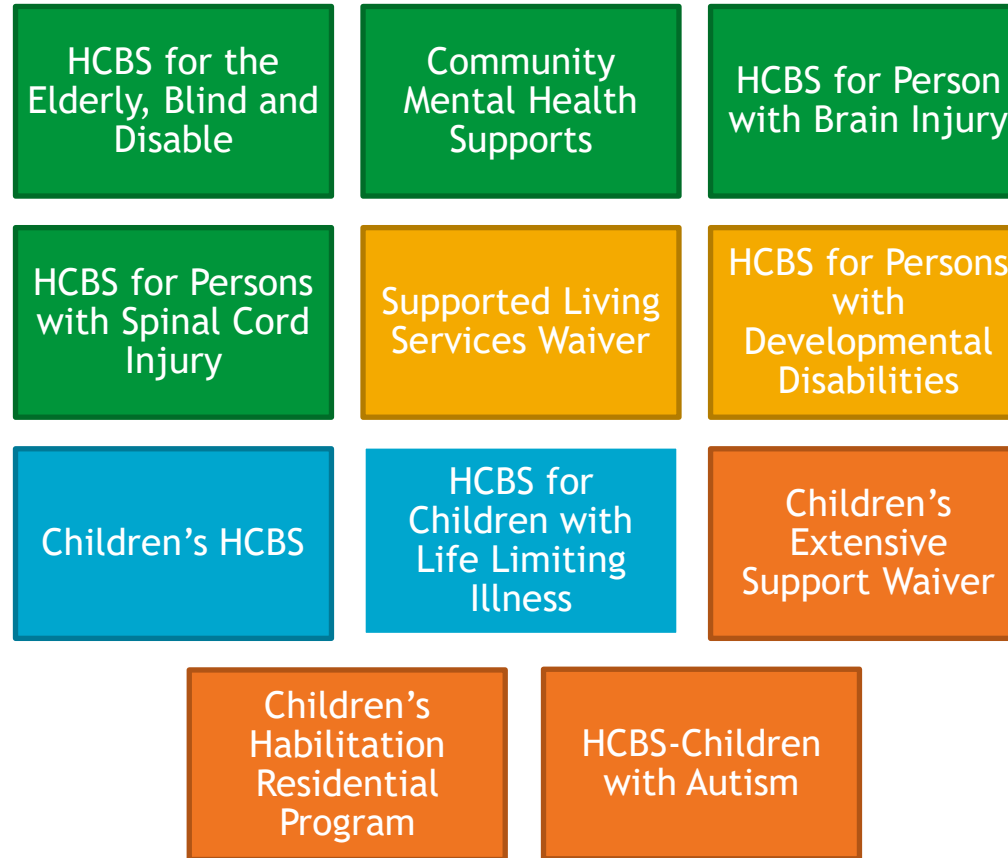
Accountable Care Collaborative Integrating Care, Delivering Value



Medicaid IT Systems



Colorado's LTSS Programs



High Level Requirements

- Demographics
- Assessment
- Support Planning
- Monitoring & Remediation
- Prior Authorization
- Appeals
- Documentation
- Reporting
- Interoperability
- Remote Access
- Privacy
- Access for People receiving services



Lessons Learned from Requirements Building



Know your business
processes

Case Management \neq Case
(Care) Management

Account for future
functionality

Contracting Challenges

- Defining the Scope of Work based on requirements
- Soliciting vendors with expertise to respond
- Understanding IT “Lingo” & Business Processes
 - Customization and Configurability
 - Commercial Off-the-Shelf (COTS) Product
 - Requirements Validation, Development, User Acceptance Testing, Change Orders
- Time between Requirements Development and Actual Implementation



Lessons Learned from Contracting



Draft or review draft requirements

Research and recommend vendors to be solicited

Carve out staff time to participate

Include language in contract to account for future changes

Using Enhanced FFP

- Used to finance the following in Colorado:
 - HCBS Case Management Information Management System
 - Bi-lateral Linkages with Financial Eligibility Systems and MMIS (Interchange)
 - Web Portal for Providers
 - Web Portal for Individuals using LTSS
 - Business Intelligence & Data Management (BIDM)



Lessons Learned in using Enhanced FFP

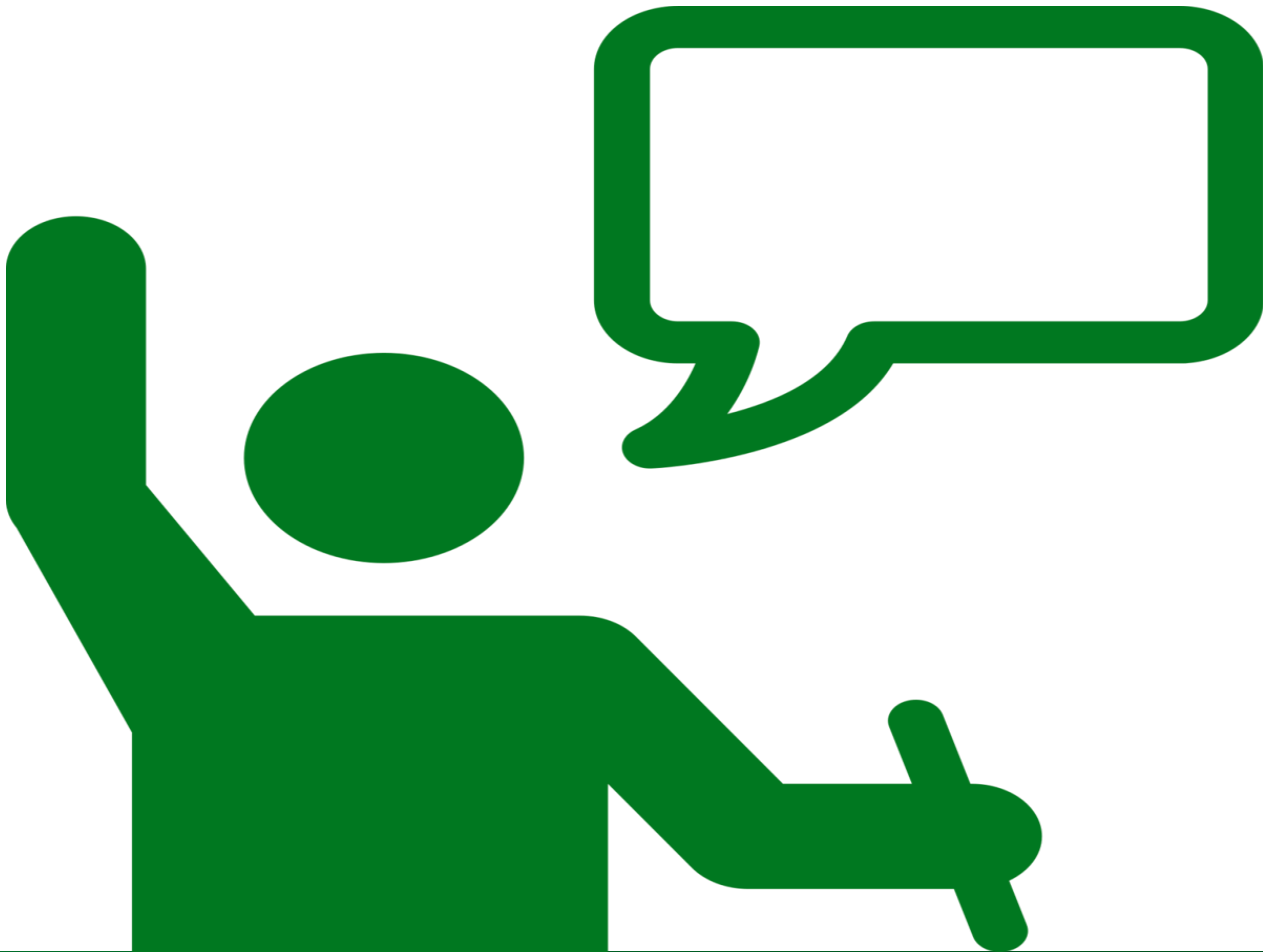


Understand the Advanced
Planning Document
(APD)

Understand Medicaid
Infrastructure
Technology Architecture
(MITA) framework

Consider the automation
of new tools and
training (Assessments,
Support Plans)

Questions?



COLORADO

Department of Health Care
Policy & Financing

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Thank You!





Implementing New Management Information Systems to Support LTSS: Lessons for States Designing New or Enhancing Existing System



April Wiley

Maryland Department of Health and Mental Hygiene
Community Options Administration Division



LTSSMaryland

BACKGROUND



Background

- Prior to January 2014, Maryland operated two separate Home and Community-Based Services waivers, the Waiver for Older Adults (WOA) and Living at Home Waiver (LAH)
 - Each waiver, as well as Money Follows the Person (MFP) maintained a separate application tracking system
 - These tracking systems were operated through a partnership with a local university system
- With plans to merge the existing WOA and LAH waiver, the State wanted to upgrade the systems and merge the three existing systems into one
- Other reasons for the merge of systems included data discrepancies in existing systems and lack of cohesion between the programs



Background

- With the addition of Community First Choice (CFC), the Balancing Incentive Program (BIP) and the State's adoption of the interRAI Home Care assessment, and the possibility of adding other HCBS programs, the merging of these tracking systems and creation of the LTSSMaryland tracking system became a major IT project
- Implementation of the LTSSMaryland tracking system occurred with two major launches
 - The first launch integrated all users into one system
 - The second launch integrated all projects



LTSSMaryland

CORE FUNCTIONS



LTSSMaryland

- LTSSMaryland is a web based, client centered, system for process tracking
- Includes up to date information imported from MMIS and MDS data
 - No information is exported from LTSSMaryland
- Allows for safe and secure communication through case notes, referrals and alerts between multiple users, such as:
 - Case managers
 - State staff
 - Local Health Departments (assessors and nurse monitors)
 - Quality of Life survey contractor
 - ADRC staff
 - Providers (limited to billing at this time)
 - And more



LTSS Maryland Core Functions

- **Initial screening and referral:** Referrals are entered by State and ADRC staff, triggering alerts for medical assessments and case management assignments
- **Application processing:** Applications can be entered into the tracking system, uploaded into attachments within the system and processed for eligibility
- **Program enrollment:** Enrollment, disenrollment and denials are processed through the system to update a program's status— all eligibility letters are created and maintained within the system
- **Critical incident reporting:** Allows for case managers and health departments to report critical incidents to the State and report on intervention and action plans



LTSSMaryland Core Functions

- **Medical assessment:** The interRAI-HC is used for all programs currently within the LTSSMaryland tracking system. The assessment is entered into LTSSMaryland by the Local Health Department and is viewable by the case manager and State staff
- **Plans of Service:** Service plans are created within the tracking system by case managers and submitted to State staff for review and approval. Personal assistance claims are matched to the information on the plan in the tracking system
- **Personal Assistance Billing:** Personal assistance service hours are billed through the tracking system using the In Home Supports Assurance System (ISAS). Claims are created in LTSSMaryland and paid through MMIS



LTSSMaryland Core Functions

- **Billing for case management:** Case management activities are entered directly into the LTSSMaryland tracking system, claims are generated and paid through MMIS
- **Community Settings compliance:** A Community Settings Questionnaire (CSQ) form is completed for every applicant/participant and tied to the address listed in the client profile. CSQ forms are reviewed and approved through the tracking system to verify technical eligibility
- **Quality monitoring:** Case managers and Nurse Monitors complete monthly monitoring forms within the tracking system



LTSSMaryland Core Functions

- **Appeals:** Appeal information is entered into the LTSSMaryland tracking system, including disposition information
- **Letter history:** All program eligibility letters are generated within the client's profile and maintained by program
- **MFP Process:** Options Counseling referrals and information, Application Assistance, and MFP questionnaires are all completed within the tracking system and prompt appropriate follow up with partners based on the action taken



LTSSMaryland Core Functions

- **QOL survey:** The MFP quality of life survey is triggered through the tracking system to the survey contractor, and is completed and maintained within the tracking system
- **Participant specific attachments:** In each client profile there is a client attachments section in which users can upload necessary documents such as financial or medical information to allow authorized users to view



LTSSMaryland

OBSTACLES AND CHALLENGES



Obstacles and Challenges with Procurement

- Converting from a partnership with the local university to a major IT project was challenging
 - State staff had to learn the IT world and rules
- Procurement templates and processes were different than those typically used
 - There was a learning curve with communication with our newly established State Department of Information Technology
- Had to learn the Advance Planning Document (APD) process



LTSSMaryland

LESSONS AND RECOMMENDATIONS



Lessons and Recommendations

- Bring IT expertise in at the State level first
 - A consultant was used, but we did not have an IT project manager or expertise with IT procurement
 - IT project management and technical knowledge are crucial on the State side
 - Reading case use documents can be challenging– the style and language are different than policy and regulation
- If migrating data from a previous system, make sure that the existing data is correct and can be processed by the new system
 - Ex. MA numbers have the right number of digits, that leading zeros can be handled by the new system



Lessons and Recommendations

- Due to poor data integrity in the legacy systems, there were several problems that occurred during the launch of the new system
 - On the first day live there were many error messages
 - Fields did not match up properly (ex. MA numbers)
- Correction of these data issues is time consuming
 - Data migration is difficult with bad data and will take additional time to remediate
 - If doing data migration, correct the data in the old system first
- Due to issues with data migration and the system allowing manual entries of participant records, duplicate records continue to be an ongoing issue
 - A process to merge duplicate records is necessary



Lessons and Recommendations

- State staff and management need to be dedicated to the project
 - Makes sure there is enough capacity at the State and with the vendor to work through processes in a timely manner
 - It can be challenging to make changes around politics
- Staff time investment will be double what you think it should be— be prepared for this challenge and the challenge of having the right people present during meetings
- Staff time will also need to be dedicated to change management



Lessons and Recommendations

- Save a large change request budget– as policies and processes evolve the system will also need to change
- There will be many changes needed during the first year, continue to have staff time available
- There will be challenges when adding additional HCBS programs into the system
 - Policy conflicts
 - Highlights process and policy differences between programs
 - New additions to the system will effect existing features



Questions?

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Other Comments or Questions?

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