

# Moderate Needs Program

## 2014 Funding Implementation Process (4/1/14)

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Refer to the Moderate Needs program manual at <http://www.ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-moderate/policies-cfc-mod-manual>.

February 25, 2014, DAIL received legislative approval to utilize Choices for Care (CFC) “savings” to increase funding to the Moderate Needs Program by approximately \$3.0 million through 6/30/15. The funding is intended to serve all Moderate Needs applications on homemaker and adult day wait lists prior to 1/1/14 and create a new flexible funding service option for eligible participants.

The outcomes identified through the project development process are to 1) serve more people, 2) maximize use of funds, 3) create flexibility and 4) improve satisfaction.

The following outlines the process for serving individuals on homemaker and adult day wait lists prior to 1/1/14 and the new flexible funds option.

### 1. Wait Lists:

- a. All people on the homemaker and adult day wait lists prior to 1/1/14 have been funded for services.
- b. In regions with no wait list, new applicants will be served in chronological order.
- c. Homemaker and adult day providers will notify the case manager for the people on wait list. NOTE: In areas in which the adult day provider initiated the application for their participants, the adult day provider may initiate the process with the individual and case manager.
- d. Case manager (or adult day provider) contacts the individual on the wait list to verify continued need for services and arranges a face-to-face visit using the priority methodology:
  - i. Medicaid eligible people on wait list prior to 1/1/14 in chronological order are served first.
  - ii. Non-Medicaid eligible on wait list prior to 1/1/14 in chronological order are served next.
- e. If funding is still available after enrolling wait list applicants who applied before 1/1/14, case managers may begin enrolling wait list applicants who applied after 1/1/14 using the following priority methodology:
  - i. Medicaid eligible people on wait list on or after 1/1/14 in chronological order.
  - ii. Non-medical eligible people on wait list on or after 1/1/14 in chronological order.
- f. People on the wait list may choose to purchase their services utilizing the Flexible Funding option. For example, a person on the homemaker wait list may choose to hire their neighbor to provide homemaker services. (*See 2. Flexible Funding Option*)
- g. The case manager:
  - i. Reviews the existing moderate needs application with the person.
  - ii. Completes the ILA intake with the person, identifying the needs and goals through person-centered planning.
  - iii. Contacts applicable providers to verify funding availability.
  - iv. Completes the new Moderate Needs Service Request & Authorization Form (CFC MOD 904).
    1. The volume of services on the form is based on the assessed need and person-centered plan.

2. For non-Medicaid participants in need of transportation to adult day, the case manager contacts the Adult Day provider and includes the estimated weekly cost on the form.
3. The requested start date on the form is the date the case manager contacted the person on the wait list.
- v. Completes an employee certification for people using flexible funding to self-hire through ARIS.
- h. The complete application packet is sent to DAIL, including the new Moderate Needs Service Request & Authorization Form (CFC MOD 904). The form is intended to capture the services the person needs to meet their person-centered goals. ***NOTE: This is a change from the old approach of requesting up to the maximum services for each person.***
- i. Once the packet is received, DAIL:
  - i. Reviews the packet for completeness and accuracy.
  - ii. Verifies clinical and financial eligibility.
  - iii. Signs and dates the Moderate Needs Service Request & Authorization Form (CFC MOD 904).
  - iv. Enters a long panel in ACCESS with appropriate highest paid provider (AAA is a potential new provider who may be the HHP)
  - v. Enters information in SAMS.
  - vi. Sends a copy of the CFC MOD 904 to the applicant, case manager and applicable providers.

*NOTE: Applicants found ineligible will receive a written notice with appeal rights.*

## **2. Flexible Funding Option:**

Priority for Moderate Needs funding must be given to people on homemaker and adult day wait lists. In regions with a wait list, flexible funding may be authorized to assist applicants in being served off the wait lists prior to 1/1/14. Once the wait lists have been addressed within a region, Flexible Funding may be used to meet the needs of:

- a. People on homemaker or adult day wait lists on or after 1/1/14, following the existing priority protocol.
- b. People already on Moderate Needs services who have identified unmet needs.
- c. New Moderate Needs applicants.

The provider is responsible for managing the agency's Moderate Needs budget. In order to do this, each agency will use a Flexible Funding "soft cap" of \$3500 per person. People can spend less or more, based on the need of the person, other people waiting for services and the total flexible funding budget for that agency. The case manager will take a person-centered approach, focusing on the needs/goals of the person when determining the actual amount of flexible funding that is needed.

For example, during the assessment and person-centered planning process, the case manager will work together with the person to identify their needs and goals. Once those have been identified, the case manager talks to the person about different ways to meet those needs/goals. Then the case manager explores the funding for those options, one of which may be the new Moderate Needs flexible funding option. If this is the best option, the case manager determines cost of services based on the participants needs/goals. If the cost exceeds \$3500/year, the case manager discusses the options and determines whether their agency budget can afford to allow the additional spending. If the cost is below the \$3500/year, then that is OK. If the participant has additional needs that arise at a later date, they can explore

using additional funds. The primary goal is to meet the identified needs and goals. Purchases are limited to the Flexible Funding service standards outlined in the Moderate Needs Manual.

### **3. Budget Worksheet Process:**

- a. Together with the individual, the case manager identifies what services will be purchased to meet the needs identified in the person-centered plan.
- b. The case manager completes the Flex Funds Budget Worksheet (CFC MOD 906) in paper or excel format to calculate the person's flexible funding budget based on the identified needs/goals. The worksheet includes:
  - i. Participant information and service authorization dates
  - ii. Goals related to flex funds service
  - iii. Running cost totals
  - iv. Goods and services
  - v. ARIS Self-Hire costs which includes an automatic calculation to cover 13.3% for workers comp and unemployment insurance
  - vi. ARIS fee of \$35/month
  - vii. Admin fee to case management agency of \$25/month
  - viii. Consumer or surrogate employer and case manager signatures
- c. A copy of the worksheet is given to the participant or legal representative and the case management billing office/Choices for Care biller. It may also be used by the case manager to verify funding approval to vendors as needed.

### **4. ARIS Self-Hire Process:**

- a. For employers certified by the case manager to self-hire, the employer contacts ARIS immediately to obtain employer/employee paperwork and submits as soon as possible so background checks can be administered. Employees cannot start work and payment cannot occur until background checks are complete and clear.
- b. The Case manager sends the "ARIS Moderate Needs Enrollment or Change of Information" form to ARIS with the "total funds allotted". "Total funds allotted" does not include the \$35/month admin fee. The start and end date must match the Moderate Needs service authorization dates.

### **5. Billing Process Case Management Agency:**

- a. Vendors for goods and services identified on the budget worksheet will submit invoices to the case management agency. Case management agencies will reimburse vendors according to the budget worksheet and bill Medicaid through HP Enterprises for the same amount using revenue code 071.
- b. For ARIS self-hire services, case management agencies pay ARIS according to the "ARIS Solutions Payroll Services, Agency Enrollment & Billing Process". Case management agencies will bill Medicaid through HP Enterprises for the amount paid to ARIS using revenue code 071.
- c. The case management agency will bill Medicaid a \$25 per person per month admin fee using revenue code 071. One fee shall be submitted for each person for whom the agency provided vendor reimbursement services in the previous month.
- d. The Case Management Agency will track all vendor payments (including ARIS) in a monthly report sent to DAIL by the 15<sup>th</sup> of the following month. The report includes:
  - i. The initials of the participant; and
  - ii. A brief description of items/services paid for in a given month, including admin fees. (sample attached)

### **6. Adult Day Non-Medicaid Transportation Billing Process:**

- a. For non-Medicaid participants in need of transportation to adult day, the case manager contacts the Adult Day provider to verify funding and participation. The estimated weekly cost of transportation is included on the Moderate Needs Service Request and Authorization Form (CFC MOD 904).
- b. The adult day provider will arrange for transportation through a Medicaid vendor or other approved transportation source (TBD).
- c. The vendor submits invoices to the Adult Day provider.
- d. The Adult Day provider pays the vendor and bills Medicaid through HP Enterprises the same amount using revenue code 071.

**7. Maintaining a Funding Wait List:**

All moderate needs providers are obligated to maintain a wait list when their funding cap is fully obligated or spent. The wait list form is emailed to DAIL by the 15th of the following month using the following addresses:

- a. Adult Day Providers: AHS - DAIL Adult Services Division (ASD) adult days
- b. Home Health Agencies: AHS - DAIL ASD Home Health Agencies
- c. Area Agencies on Aging: [colleen.forkas@state.vt.us](mailto:colleen.forkas@state.vt.us) (until further notice)

**8. New/Revised Forms:**

- a. New Moderate Needs Service Request & Authorization Form (CFC MOD 904): Replaces three forms: Service Authorization (CFC MOD 904), Moderate Needs Annual Reassessment (CFC MOD 906A), and the Moderate Needs Change Form (CFC MOD 906B)
- b. New Moderate Needs Flexible Funding Worksheet (CFC MOD 906) Form: Excel or paper form completed by the case manager to calculate the person's Flexible Funds budget. The case manager will give a copy to the participant and the case management agency's billing office for authorization to pay and submit claims.
- c. New Moderate Needs Funding Tracking Report: Excel list of flexible funding goods/services purchased by the agency each month
- d. Revised Moderate Needs Application (CFC MOD 900)
- e. Revised Moderate Needs Complete Package Checklist (CFC MOD 907)

**9. Outcomes: (*work in progress*)**

a. Outcome #1: Serve More People

Eligible applicants on the homemaker and adult day wait lists prior to 1/1/14 will be enrolled in Moderate Needs services by December 1, 2014 (within 8 months of the additional SFY14 funding notification), with a volume of services to meet their assessed need.

Measures:

- i. Reduce state-wide homemaker and adult day wait lists by approximately 127 people (25%) every two months starting upon approval and notification to agencies. Use December 2013 wait list data submitted for people who applied prior to 1/1/14. Use monthly wait lists thereafter to measure the number of people remaining who applied prior to 1/1/14. Track Moderate Needs enrollments in SAMS to monitor increase in new enrollments.
- ii. Provide clear direction to AAA and home health case management agencies regarding the option to flexibly purchase services through subcontract with non-designated agencies and self-hire through ARIS. Trainings planned for April 2014.

b. Outcome #2: Maximize use of funds

Create a spending goal that assures high utilization of funds without overspending.

Measures:

- i. Spend 90% of newly allocated SFY14 Moderate Needs funds by December 1, 2014 (within 8 months of funding notification).
- ii. Spend 90% of SFY15 Moderate Needs allocation by the end of SFY15 (June 30 2015).

c. Outcome #3: Create Flexibility

Create a Moderate Needs Flexible Funding service option that includes a self-hire process utilizing ISO services through contracted entity, ARIS Solutions.

Measure:

DAIL met the goal of finalizing the standards and procedures for a Moderate Needs Flexible Funding service option by April 2014, allowing people to purchase goods and services through the individual's case management agency. This includes a self-hire option through ARIS Solutions. The roll-out of flexible funding to all Moderate Needs participants will occur after the needs of the homemaker and adult day wait lists have been met in each region. Trainings planned for April 2014.

d. Outcome #4: People are satisfied

Measures: *Work in progress*

- i. DAIL is currently working with Thoroughbred and UMass contractors to identify measures on the consumer satisfaction survey to affect change in the 2014 report. Such as: Increase the % excellent/good "How would you rate the degree to which the services meet your daily needs.
- ii. Work with providers to identify ways to provide a volume of services based on assessed need and person-centered planning, within existing funding limits.
- iii. Explore a tool for homemaker providers that gives guidance to the participant and provider on volume of services needed to meet their identified needs and goals.
- iv. Work with providers to identify current Moderate Needs participants who have an unmet need for additional Moderate Needs services, based on their assessed need and goals. (Relies on the availability of funds.)
- v. Work with ADS quality review team to include a sample in case management site visits.