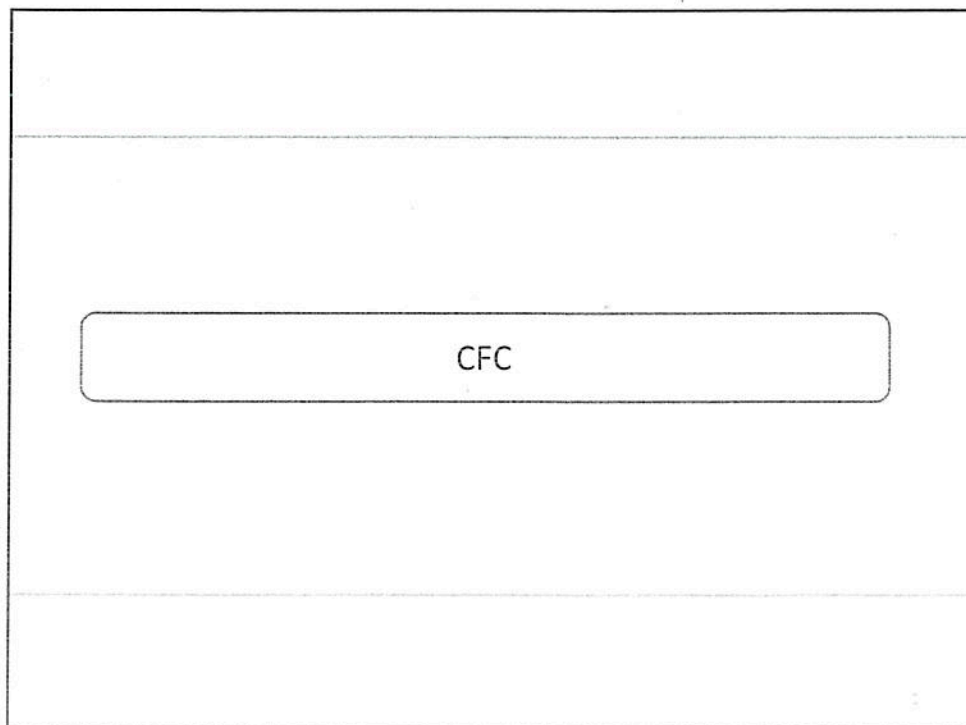


**MARYLAND**  
Department of Health  
and Mental Hygiene  
Office of  
Health Care Financing

# CFC and ISAS Update

Medicaid Advisory Committee  
March 24, 2014

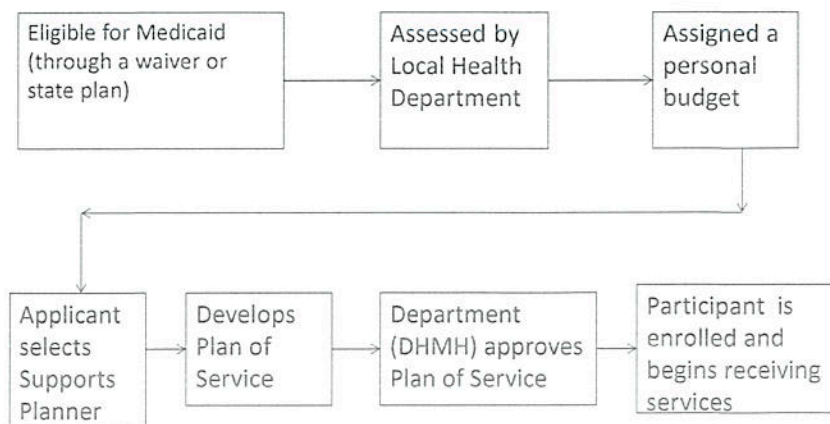


CFC

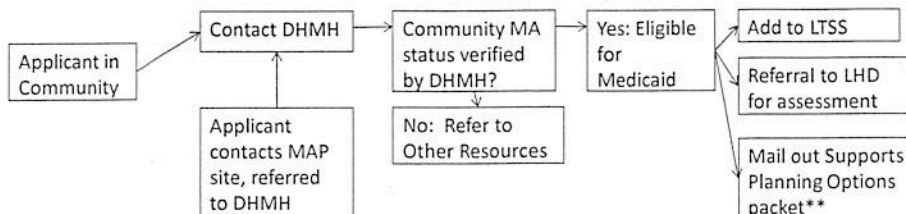
### Community First Choice launched on January 6, 2014

- CFC is a new optional program under the ACA. It allows waiver-like services to be provided in the State Plan, expanding access to people who are eligible for Medicaid in the community
  - *People with higher incomes who need the waiver financial criteria to become eligible for Medicaid at all will not be able to access CFC without a waiver slot*
- CFC services currently offered under the Living at Home and Waiver for Older Adults programs are no longer be offered as waiver services but instead are offered through the CFC State Plan
  - Maximize the enhanced Federal match (CFC is matched at 56%)
  - Resolve inconsistent rates and policies across programs
- The Medical Assistance Personal Care (MAPC) program has been redefined to be the personal care program for individuals who do not meet nursing facility level of care (which is a CFC criteria). Most former MAPC participants meet nursing facility level of care.

## Community First Choice Enrollment Process



## Becoming newly-eligible for CFC from the Community



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Interested individuals who are new to us are referred to the Department to start the process. A high volume of referrals have come through in the first two months of implementation.

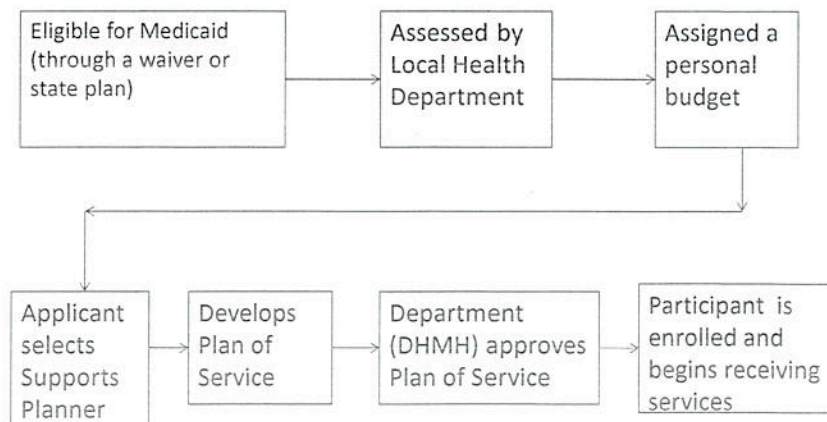
- 814 people have been referred to the Department to apply for CFC
- Of these:
  - 524 were Medicaid eligible and referred to the Local Health Department for a medical assessment and sent the supports planning options packet
  - 210 were current MAPC participants who have been assessed and sent the supports planning options packet
  - 80 were found to be ineligible due to lack of Medicaid eligibility and referred to other resources

Individuals currently receiving services through the MAPC program are beginning to transition into the new program

- About 4,000 current MAPC program participants are being phased into the CFC program
- Each month through June, DHMH is mailing the Supports Planning Agency options packet to a group of MAPC participants to start them on the process to enroll in CFC
- Number of packets sent:
  - January: 607
  - February: 580
  - March: 1,097

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## Community First Choice Enrollment

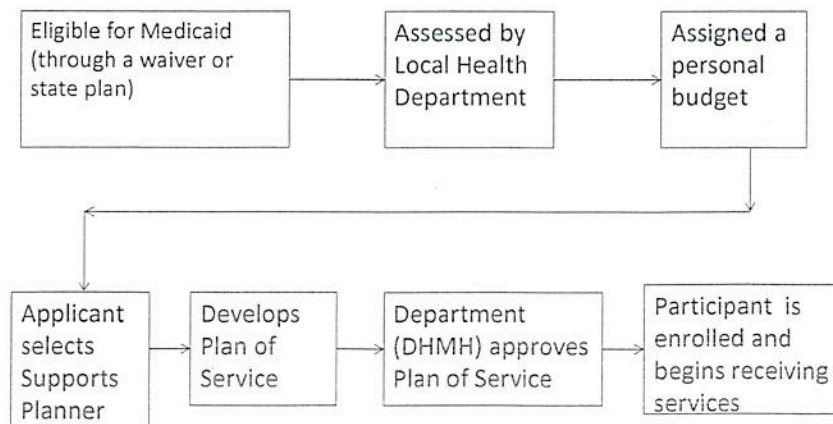


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The demand for assessments at the Local Health Departments has increased, and existing resources are struggling to keep up with the volume.

- LHDs have completed more than 2,000 assessments since January 6, 2014
- There are currently about 1,800 assessments pending at LHDs across the State for new applicants, MAPC participants transitioning to CFC, and annual waiver redeterminations
- DHMH (central office) has added internal resources to help with the backlog (we have hired three nurses, with two more to come)
  - Also exploring a contract modification to access additional nurse staffing resources

## Community First Choice Enrollment



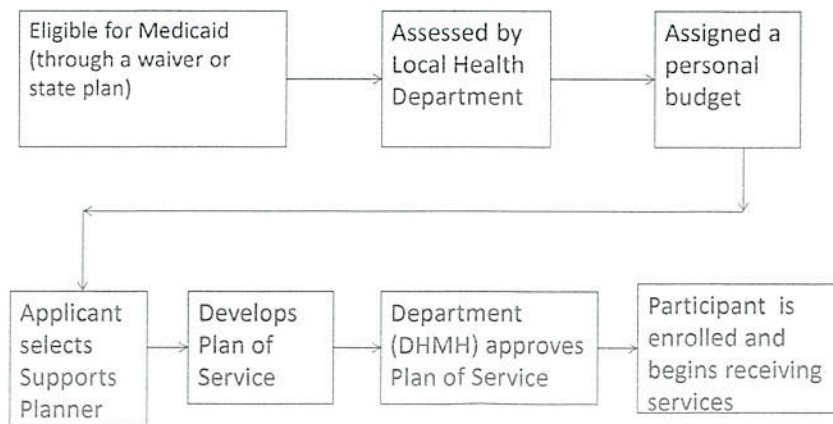


Participants now have a choice of a “Supports Planning” provider (this role used to be called case manager). These providers are expanding, but are dealing with high volume, too.

- About 6,000 people were assigned a supports planner through previous participation with a AAA or CIL in LAH and WOA
- 466 people chose a new supports planning agency based on receiving the selection packet from DHMH
- Another 1,350 were auto-assigned (and may change)
- Only 35 people have changed provider agencies, 15 due to moving to a new jurisdiction.
- The most recent MAPC wave of 1,097 will be auto-assigned if they do not select a provider by April 10<sup>th</sup>

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## Community First Choice Enrollment



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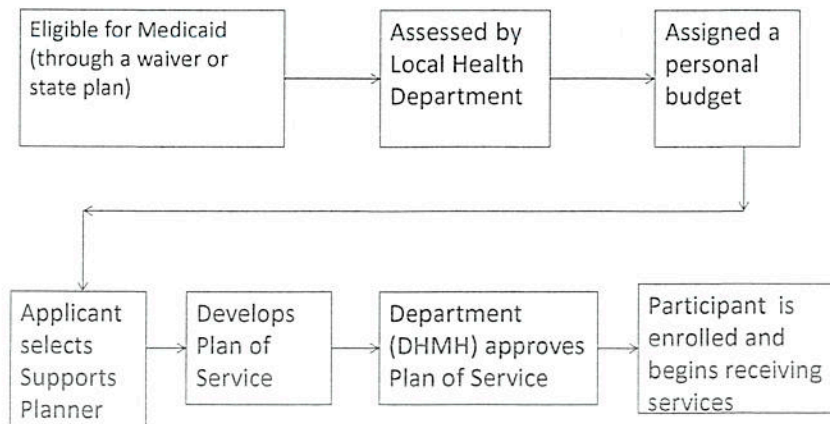
Supports Planners work with participants and their representatives to develop a plan of service

Number of Plans of Service currently in progress with the Supports Planners  
(not yet submitted to DHMH for approval)

	Annual	Initial	Provisional	Revised	Total
MAPC	0	0	10	0	10
CO Waiver	337	14	188	320	859
CFC	1	2	34	0	37
ICS	2	1	10	3	16
Total	340	17	242	323	922

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## Community First Choice Enrollment



When complete, the Supports Planner submits the plan to DHMH for review and approval.

- DHMH assures that the plan meets the health and safety requirements and that the recommended flexible budget and exceptions are considered.
- Since January 6, 2014, 971 plans of service have been approved by the Department and only 10 have been denied.
  - Of the 971 approvals, 297 of them had exceptions requests.
  - Of the 10 denials, 6 had exception requests.
- There are currently 489 plans pending review at DHMH

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### Plans of Service currently pending a DHMH Decision

	Annual	Initial	Provisional	Revised	Total
MAPC	0	2	1	0	3
CO	269	14	69	117	469
Waiver	0	4	10	1	15
CFC	0	0	1	1	2
ICS	0	0	1	1	2
Total	269	20	81	119	489

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## Plans of Service Approved by DHMH

	Provisional	Initial	Annual	Revised	Total
CO	78	95	317	462	952
ICS	1	0	0	4	5
CFC	8	5	0	0	13
MAPC	0	1	0	0	1
<b>Total</b>	<b>87</b>	<b>101</b>	<b>317</b>	<b>466</b>	<b>971</b>

Approved with Exceptions Request

	Provisional	Initial	Annual	Revised	Total
CO	24	20	123	128	295
ICS	0	0	0	1	1
CFC	1	0	0	0	1
MAPC	0	0	0	0	0
<b>Total</b>	<b>25</b>	<b>20</b>	<b>123</b>	<b>129</b>	<b>297</b>

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## Plans of Service Denied by DHMH

	Provisional	Initial	Annual	Revised	Total
CO	2	0	4	4	10
ICS	0	0	0	0	0
CFC	0	0	0	0	0
MAPC	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>10</b>

Denied with Exceptions Request

	Provisional	Initial	Annual	Revised	Total
CO	1	0	3	2	6
ICS	0	0	0	0	0
CFC	0	0	0	0	0
MAPC	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>6</b>

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Progress continues with increased communication with our partners and provider expansions.

- Weekly conference calls with Supports planners and local health departments provide a forum for ongoing training and communication to address any challenges
- Additional clinical resources for assessments through contracts and new State staffing are being secured
- Two new supports planning agencies have been identified and will begin serving applicants in April
  - Existing providers have expanded to ensure choice in each region
- Increased staffing at DHMH (14 FTE) will reduce processing times on plans of service and enrollment

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ISAS

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## In-Home Supports Assurance System (ISAS)

- Phone-based system to clock-in/clock-out personal care services in participants' homes
- The system creates an electronic claim for each visit, and permits direct deposit of payments
- ISAS edits:
  - Services must tie to current plan of care
  - Provider must be associated with participant
- Roll-out
  - Training
  - Soft launch began in September 2013, and was rolled out by program and provider type
  - Hard launch generally occurred two months later, and restricted all billing to ISAS

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## ISAS Metrics

- Between January 1, 2014 and February 28, 2014:
  - 308,626 claims had been submitted
  - 298,835 claims had been paid (96.8%)
  - \$37.6 million had been paid
- The denied claims were rejected because of edits:
  - Plan of care or eligibility needed to be updated
  - Provider wasn't associated with participant
  - Hours exceeded plan of care

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## Issues and responses

- Missing clock-in/clock-out time (worker forgets to use system)
  - DHMH has allowed agency providers to use ISAS website to submit up to six missing times per attendant per month. This has resulted in better accountability for agencies, which can see which workers claim to be working but where ISAS doesn't record time.
  - Only 23 agency staff (out of 9,800) exceeded the missing time exceptions limit.
  - Independent providers are not subject to a cap of six exception requests (through April 1, 2014).
  - The total requests to add missing time has fallen: 16,207 requests in January; 5,800 requests in February; 1,615 requests in March (through March 19)
- No active plan of care (plan of care needs to be updated to change hours; add a provider; change level of care)
  - DHMH updated 248 plans of care between March 1-19
  - DHMH approved 2,854 exceptions between March 1-19 (to permit payment)

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## Issues and responses (con't)

- Participant ineligible (participant needs to complete annual financial and medical redetermination)
  - DHMH has approved 780 exceptions between March 1-19 (to permit payment)
- Integrating new fiscal intermediary and synching work weeks
  - A new vendor (Public Partnerships, LLC, or PPL) became the fiscal intermediary for independent providers on January 1, 2014
  - The payroll week is not the same as the plan of care week. DHMH intends to align the payroll week to the plan of care week in April, to ease provider reconciliation

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