Rhode Island: Real Choice Systems Change Transformation Grant Key Progress to Date

September 23, 2009
Presentation to
External Task Force

Global Waiver Goals

- Goal 1: Re-balance the Medicaid-funded long-term care system: ensure supports and services in the home and community are as accessible as care in an institution
- Goal 2: Ensure all Medicaid beneficiaries have a medical home
- Goal 3: Procure goods and services using methods that reward high quality and ensure cost-effectiveness

RCSTG Goals

- Improved access to LTC support services
- Comprehensive Quality Management System
- Creation of a system that more effectively manages the funding for LTC that promotes community living options

RI-RCSTG Deliverables

- STG-1. Conduct extensive evaluation of the particular needs & experiences of persons in community & institutionalized settings
- STG-2: Standardize and centralize the clinical and financial LTC eligibility processes
- STG-3. Establish materials to support informed choices across service spectrum
- STG-4. Provide training to Discharge Planners and community groups
- STG-5: Identify quality indicator measures to be tracked across adult systems

RI-RCSTG Deliverables

- STG-6. Commission an in-depth resource mapping of the state.
- STG-7. Develop and collect representative community-based cost reports to establish baseline rates that are more balanced with institutional rates.
- STG-8. Identify and sequentially implement key priorities for applying institutional savings to community-based service sector.
- STG-9. Initiate and document all stakeholder meetings.

STG-1. Conduct extensive evaluation of the particular needs & experiences of persons in community & institutionalized settings

GW Goal Supported: 1 & 2 Progress to Date

- A "Snapshot Survey" is being conducted by Jane Griffin, Evaluator, of 200 people to assess awareness
- The following two studies have been completed by Dr. Susan Allen Ph.D., Brown University. Action items are being developed by OHHS.
 - ◆ The Needs and Experiences of the Adult RI Medicaid Population, March 2009; Julie C. Lima
 - ◆ A Literature Review of Factors Associated with Physical Decline, Cognitive Decline, and Nursing Home Placement

STG-2. Standardize and centralize the clinical and financial LTC eligibility processes

GW Goal Supported: 1 & 2Progress to Date

- Information is being compiled and a data book has been assembled. This is in review at OHHS and analytics/ metrics will be developed. Copies have also been distributed to the External Task Force
- A web based LTC Level of Care determination system (OMARS) was developed and functioning. Laptop computers and related software were also purchased to support this effort.
- This also supports the ACO

STG-3. Establish materials to support informed choices across service spectrum

- GW Goal Supported: 1 & 2

 Progress to Date
- A Communications Work Group is developing a marketing strategy for the Long Term Care Counseling Program in conjunction with the implementation of the global waiver.

STG-4: Provide training to Discharge Planners and community groups

- GW Goal Supported: 1 & 2

 Progress to Date
- Once significant progress is made on STG-3, training can begin

STG-5: Identify quality indicator measures to be tracked across adult systems

- GW Goal Supported: 1 & 2

 Progress to Date
- Brown University has been contracted to conduct an analysis of MDS data

STG-5: Identify quality indicator measures to be tracked across adult systems

Progress to Date

- Jane Griffin, Evaluator, has prepared the following:
 - Health Related Quality of Life Data 2000 2007;
 A Comparison of US, RI and Selected New England States
 - Long Term Care Quality Indicators From RI
 Hospital Discharges: An Analysis of Hospital
 Discharge Status,
 - Chronic Disease and Long Term Care Indicators:
 National and State Comparisons February, 2009
 - An interim set of Quality Indicators has been developed information is being compiled and a "draft:

STG-6. Commission an in-depth resource mapping of the state.

- GW Goal Supported: 1, 2 & 3
 Progress to Date
- Hilltop Associates has been retained to conduct an in-depth resource mapping for the State. The final deliverable is to develop a model to project the effects of different options to rebalance state spending between institutional and home/community-based services.

To date, Hilltop has completed interviewing state staff, received data extracts from RI-DHS and has completed a Statewide provider survey.

STG-6. Commission an in-depth resource mapping of the state.

- GW Goal Supported: 1, 2 & 3

 Progress to Date
- The following reports have been prepared by Ninigret Partners:
 - ◆ Medicare Utilization of Long term Care Services for Post Acute Care.
 - ◆ Financing the Development of Specialty Care LTC Services Innovative Approaches by the States, 7/21/2009.

STG-7. Develop and collect representative community-based cost reports to establish baseline rates that are more balanced with institutional rates.

- GW Goal Supported: 2 & 3Progress to Date
- Past cost reporting data has been analyzed
- ACS has been retained to conduct a study Value Purchasing in Home and Community Services in Rhode Island. A draft report was provided on 9/4/09.

STG-8. Identify and sequentially implement key priorities for applying institutional savings to community-based service sector.

- GW Goal Supported: 1, 2 & 3Progress to Date
- This deliverable will take place once STG-7 is complete and implemented

STG-9. Initiate and document all stakeholder meetings

- GW Goal Supported: 1, 2 & 3

 Progress to Date
- An External Task Force has been formed and meets monthly

Summary of Deliverable Cost to Date

- Resource Mapping Hilltop: \$144,250
- Resource Mapping Ninigret: \$26,000
- OMARS: \$32,520
- Jane Griffin- MCH Evaluation, Activities to include development of Quality Indicators & preparation of Snapshot Survey: \$80,244
- Susan Allen –Brown University, Assessing needs & experiences of persons on community: \$45,000
- ACS Value Purchasing for HCBS: \$35,000
- Other support (Interns, project support, Internal Mapping, ect): \$158,907

Total Cost to Date: \$522,921