

## **Guidelines for Participation in a Study to Provide Enhanced Home and Community Based Waiver Care Coordination Services: Request to Participate**

Alaska Department of Health and Social Services, Division of Senior and Disabilities Services (SDS) is establishing a two-year study to assist in service delivery design of a person-centered care coordination structure for home and community-based waiver and state plan services. It is the intent of the study to solicit interested and qualified participants from the pool of certified care coordination agencies. Interested agencies that meet the criteria set out here are invited to submit a request to participate outlining how they will provide these enhanced care coordination services. If approved by SDS, those provider agencies will have the opportunity to enter into an agreement with SDS to become participants in the study by providing the services outlined in their request to participate, in exchange for a higher monthly care coordination rate.

The goal of this study is for SDS to establish whether care coordination agencies providing additional training, quality oversight, and supervision leads to increased retention of care coordinators, increased capacity to serve recipients state-wide, and/or better quality outcomes for recipients in a fiscally sustainable manner. SDS anticipates that individual care coordinators who are employed by Care Coordination agencies approved to participate in this study will be more timely and accurate in submission of applications, plans of care, and amendments; achieve higher recipient satisfaction scores; receive fewer complaints from direct service providers; and maintain higher retention rates than those not involved in the study. As an incentive, care coordination agencies participating in the study will bill for care coordination at an enhanced rate.

The enhanced care coordination rate was derived from a prospective staffing-based rate model that uses data gathered from the Alaska Bureau of Labor Statistics and other public sources. This methodology consists of five key components: (1) hourly wage of \$24.25; (2) fringe benefits of 39.75% of hourly wages; (3) program support of 14.5% of hourly direct costs; (4) administrative & general of 11.5% of hourly total service cost; and, (5) time of 6.93 hours of service per client per month based on a caseload of 25 recipients. This results in a rate of \$299.86 for monthly enhanced care coordination services. The enhanced rate will not be adjusted for inflation, but the geographic differential will be applied.

### **Eligibility to Participate**

In addition to meeting the standards contained in 7 AAC 105.200-290, 7 AAC 130.238, 7 AAC 130.240, Provider and Care Coordination Services Conditions of Participation, care coordination agencies must meet the following conditions to be considered for the study:

- Be certified by and in good standing with SDS at the time of request to participate submission. This means that the agency must have a track record of timely submission of documentation, no substantiated complaints within the Quality Assurance complaint system in the past 12 months, and not be operating under a Plan of Correction.

- Have an employer-employee relationship as defined by the Fair Labor Standards Act with two or more certified care coordinators; subcontracting for care coordination services is not allowed.
- Be certified to provide care coordination services in two or more census areas, one of which must be outside of the Municipality of Anchorage, Matanuska-Susitna Borough, Kenai Peninsula Borough, Fairbanks North Star Borough, or City and Borough of Juneau.
- Be certified to provide care coordination services to all waiver types to include Children with Complex Medical Conditions(CCMC), Adults with Physical and Developmental Disabilities(APDD), Intellectual and Developmental Disabilities(IDD) and Alaskans Living Independently(ALI) waivers.
- Be able to serve all waiver recipients requesting their services in the service area for the two year duration of the study, unless caseload size is at capacity or there is a documented conflict or safety concern and an exception to providing service has been approved by the Division.
- Be able to maintain individual care coordinator caseloads at a level not to exceed an annual average of 25 recipients per care coordinator.
- Be a conflict-free care coordination agency that has not received an exception from SDS (i.e. not a provider of other home and community-based or PCA services).

### **Request to Participate Requirements**

To apply to participate in this study, agencies should submit a request to participate to SDS. The request to participate must include a detailed plan including staff qualifications, number of staff, organizational chart, job descriptions and a summary of workflow processes indicating how the agency intends to meet the following:

#### **1) Supervision**

- Supervision of individual care coordinators by at least one dedicated staff member, including:
  - providing oversight and monitoring of individual care coordinators, to achieve the following objectives:
    - Deadlines are met on time.
    - Finalized plans of care are sent to all providers for the recipient.
    - Ensuring care coordinators conduct annual visits of each provider site where services are received by a recipient on a caseload.
    - Fulfilling all training objectives.
    - Improving outcomes of consumer satisfaction surveys.
  - processing of complaints received directly from provider agencies, program recipients or their legal guardians, and/or forwarded from SDS.
  - addressing complaints made to SDS regarding individual care coordinators at the agency. Complaints will be sent from SDS to the dedicated supervisor. SDS will expect a formal written response about how the complaint was addressed, not more than 10 business days after the complaint is sent to the agency.

## 2) Training and Staff Development

- Care coordinator recruitment, retention, and replacement plans for each service area to be served, per current CERT-24.
- Plan to maintain annual average caseload size to 25 recipients or fewer per care coordinator
- Capacity (evidenced through certification) to serve all four 1915(c) waiver types by the end of the study.
- Completion of one settings evaluation annually for each of the following settings, as applicable to care coordination recipients:
  - Group home
  - Family habilitation home
  - Adult day program
  - Facility based day habilitation
  - Supported employment
  - Residential Supported Living – Assisted Living Home
- Provision of skills and subject matter training to individual care coordinators, which includes:
  - Outline of types of training that will be provided by the agency over the next two years.
    - For each training, identify
      - The resource for the training (instructor and credentials, or other learning resource and its credentials);
      - at least three learning outcomes per training ;
      - method of evaluation of learning; and
      - how the training informs internal care coordinator performance reviews.<sup>1</sup>

Training topics may include:

- Formalized person centered planning curriculum
- Techniques/curriculum in developing goals to address challenging behaviors
- Dementia Care/ADRD mapping
- Ethics in home visiting
- How to make monthly visits meaningful
- How to monitor quality, scope, frequency and duration of all services a participant receives
- Regulations and other rules of care coordinator participation
- Conflict resolution
- Ethical billing practices
- How to help recipients access services outside of those offered by waiver
- Aging with developmental disabilities; and end of life services
- Understanding setting requirements and conducting setting surveys

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<sup>1</sup> If an applying agency does not have all of this information prior to request to participate submission; it can be submitted at a later date, but the request to participate should identify when that information will be submitted to SDS.

### **3) Quality Oversight**

- Dedicated personnel for quality oversight of care coordination services to include quality monitoring and reporting.
- Secondary quality assurance review of plans of care and related documentation prior to submission to SDS.
- Coordination of an annual 3<sup>rd</sup> party consumer satisfaction survey of recipients, and delivery of those surveys directly to SDS.

### **4) Quality Monitoring and Reporting**

- Indicate in the plan how the agency will operationalize reviews, report and remediate findings on a monthly basis.
- Monthly reporting requirements should contain at least the following performance measures:

#### **Level of care:**

- # and % of complete renewal applications/level of care packets submitted to SDS 90 days prior to expiration date

#### **Service Plan (Plan of Care):**

- # and % of service plans that address health and safety risks
- # and % of service plans that contain documented personal goals identified by the participant during the planning process
- # and % of renewal service plans or amendments submitted to SDS prior to the set annual redetermination date
- # and % of participant records with an appropriately completed freedom of choice form that specified choice was offered among waiver services
- # and % of participant records with documentation that the participant reviewed a list of qualified providers and was provided a choice of providers
- # and % of service plans submitted with a completed Initial and Renewal Plan of Care Questionnaire form

#### **Health and Welfare:**

- # and % of participants who received information on reporting abuse, neglect, and exploitation

### **Qualified Providers:**

- # and % of care coordinators in compliance with required SDS training
- # and % of care coordinators retained during the reporting period
- # and % of care coordinators that received additional training during the reporting period
- Monthly number of recipients served per care coordinator (Annual average not to exceed 25)

### **Additional Considerations for Monitoring:**

- Whether services assisted the recipient in goal attainment.
- # and type of proposed staff learning objectives met.
- Whether services were received as specified in the service plan by amount, type, scope, duration and frequency
- Any other outcome measures currently being monitored by your agency not identified here.

### **Reporting**

Once selected, participants will be required to submit a report to SDS by May 31, 2017 and upon completion, by May 31, 2018, summarizing results of the quality monitoring and annual cost survey data. Cost data must also be reported to the Office of Rate Review annually. SDS will review the required reports and ensure that the participating agency is meeting their outlined goals and should continue with the study. It is anticipated that this report will be a thorough overview of the agency's progress, including what it has determined has or has not worked.

In addition to reporting requirements, participation in study assessment meetings with SDS and other study participants to identify person centered and conflict free care coordination best practices may be required as often as quarterly.

Selected agencies will be allowed to opt out of study participation at any time. If after a periodic review, or after reviewing the yearly report, SDS is not satisfied that an agency is successfully meeting its request objectives, SDS will issue a notice to correct. If the agency does not provide a satisfactory corrective action plan within 30 days after issuance of the notice to correct, followed by successful corrective action, then participation in the study will be terminated.

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Eligible care coordination agencies may submit request to participate  
until **5:00 p.m. September 2, 2016** to:

Lynne Keilman-Cruz, Chief of Quality  
Senior and Disabilities Services  
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