Objective Assessment Process Redesign Enhanced Risk Identification Division of Developmental Disabilities

April 10, 2019



Agenda

- I. Rate Reform Background: Phase I Rate Rebase & Phase II Objective Assessment Process (OAP) Redesign
 - i. Overview: OAP/ICAP/IBA
 - ii. Stakeholder Engagement
- II. Enhanced Risk Identification
- III. Clinical Hypothetical Study
- **IV.** Cost Drivers
- V. Timeline & Next Steps



Rate Reform: Phase I & Phase II

- Phase I: Rate Rebase
 - Understanding service costs and cost components
 - Analyzing costs for a comparison to service revenues
 - Understanding the cost components within a service rate
- Phase II: Objective Assessment Process (OAP) Redesign
 - Changing reimbursement structure for services
 - Using comprehensive predictors of need to enhance risk identification
 - Adjusting payment methodologies to better match payment to risk



Objective Assessment Process: Overview

The Objective Assessment Process (OAP)

- Process used to determine the funding amount a participant will receive
- ICAP used as primary source of Risk Identification
- Funding is what participants use to pay for their DD services
- OAP process determines the participant's level of care and needs
- OAP includes completion of the ICAP assessment
 - Results from the OAP are translated into the participant's Individual Budget NEBRASKA Amount (IBA)
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Objective Assessment Process: ICAP

The Inventory for Client and Agency Planning (ICAP)

- ICAP assessment is used as part of the OAP process
- The assessment ensures that a participant's funding is based on their needs
- ICAP measures various adaptive behavior skills



Objective Assessment Process: IBA

The Individual Budget Amount (IBA)

- Total funding amount available to a participant during their waiver year
- IBA Determination:
 - Completed by DDD staff, based on the OAP process
 - Occurs before a participant's individual service plan year



Stakeholder Engagement

The Division of Developmental Disabilities (DDD) is committed to stakeholder engagement - ensuring people receiving services, families, providers, clinicians, advocates, and the general public have the opportunity to advise and influence the reform process.

- Advisory Group Sessions
 - Clinicians
 - Providers/Agency Representatives
 - Individuals/Families/Advocates
- Statewide Stakeholder Webinars



Enhanced Risk Identification (ERI) Overview

- Optumas was contracted by DDD to create an Enhanced Risk Identification (ERI)
 process to address the need to fairly and equitably allocate resources and
 increase transparency in the process
- The development and implementation of the ERI process is intended to provide an objective measure which can be incorporated as <u>one part</u> of the OAP



Enhanced Risk Identification (ERI) Input/Process

Enhanced Risk Identification Input and Process

- Development has included an extensive literature review, DDD staff feedback,
 Advisory Group input, and a supporting Clinical Hypothetical study
- Will utilize the output of DDD's ICAP assessments, Risk Screens, and General Event Report (GER) data
- Compare data to the supports previously provided to individuals and will produce a risk profile for an individual

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Enhanced Risk Identification (ERI) Outputs

Enhanced Risk Identification Outputs

- Produce a risk profile based primarily on utilization and acuity-based data
- An assigned tier, or appropriate range of resource utilization
- Role is to be part of a larger person-centered planning process that is designed to fairly allocate resources among the population served and increase transparency in the process



Current OAP Process

Risk Identification Process

Data Source

ICAP Assessment

 \rightarrow Score



Tiers

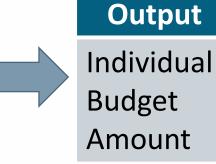
Basic

Intermediate

High

Advanced

Person Centered Planning Process





ISP Meeting

Service Planning

Service Authorization

Supplemental

Rationale

Risk Screens/GER

Clinical Review

Addt'l Data



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The Addition of an Enhanced Risk Identification Step

ERI Data Sources

Literature/Documentation Review

Other States' Experience & RBM Models

Advisory

Group/Stakeholder Input

ICAP Assessments

Risk Screen Data

GER Data

Service/Utilization Data

ERI Adjustors

Internal Clinical Hypothetical



External

Clinical

Hypothetical

Model

Revisions

ERI Output

Expected Range of Resource Use/Tier



Resource Allocation
Guidelines for Service
Planning

Planning Support for NE DDD



Tiers

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IV

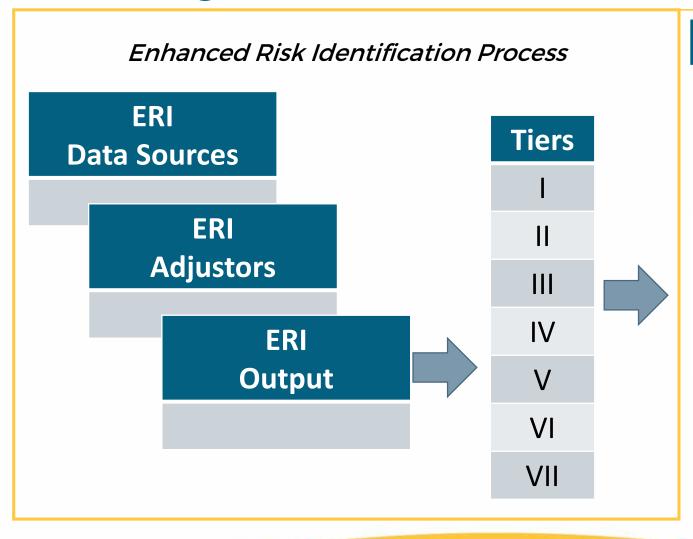
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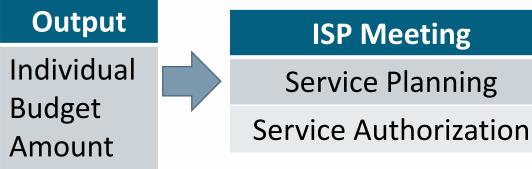
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Redesigned OAP Process



Person Centered Planning Process



Exception

Funding

Helping People Live Better Lives.

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Clinical Hypothetical Study Overview

A study in which groups of clinicians and other DD professionals are brought together and asked to evaluate the acuity of profiles that include all objective data available in the ERI process. Participants evaluate acuity as individuals and as a group exercise.



Clinical Hypothetical Study: Structure

- Three sessions conducted (one internal/two external)
 - Total of 20 Case Review Team (CRT) members/Total of 100 cases reviewed
- Purposefully designed to mimic the process of ERI
- Output
 - A list of need-driving variables identified by experts to consider for inclusion
 - Provides detailed expert opinion on a representative sample of cases
 - Rank-ordering of data to serve as process validators



Clinical Hypothetical: Preliminary Results

- CRT members generally agreed upon tiers for cases
- Group consensus tiers correlate well with actual utilization
- CRTs identified important variables for decision-making that are being included in the process
- CRT tiering will be used as a benchmark for process



Enhanced Risk Identification (ERI) Cost Drivers

- Cost drivers of interest include:
 - Motor skills
 - Social and communication skills
 - Personal living skills
 - Community living skills
 - General Event Reports (GERs)
 - Medical needs
 - Behavioral needs



High Level Tentative Timeline

2018 2019 2020

- Advisory Group Meetings (2)
- Comprehensive Data Inventory
- PreliminaryVariableResearch
- Process Planning
- Data Collection

- Advisory Group Meetings (2)
- Clinical Hypothetical Study
- Variable Research
- ProcessDevelopment
- Data Collection

- Advisory Group Meetings (1)
- Variable Research
- Finalized Process
- Data Collection

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Next Steps

- 1. Comments/Questions/Feedback
- 2. Next Webinar: October/November 2019



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