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**THE BALANCING INCENTIVE PROGRAM:
IMPLEMENTATION MANUAL**

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FOREWORD

The Centers for Medicare and Medicaid Services (CMS) is dedicated to helping States provide quality care to individuals in the most appropriate, least restrictive settings. Against this backdrop, CMS is pleased to offer its State partners new opportunities under the Balancing Incentive Payments Program (referred to as the Balancing Incentive Program).

Authorized by Section 10202 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), the Balancing Incentive Program provides enhanced Federal Medical Assistance Percentages (FMAP) to States that spend less than 50 percent of long-term care dollars on care provided in home and community-based settings. To qualify for these funds, States must implement three structural changes in their systems of community-based long-term services and supports (LTSS): a No Wrong Door/Single Entry Point (NWD/SEP) eligibility determination and enrollment system; Core Standardized Assessment Instruments; and conflict-free case management.

CMS has produced this Manual to provide guidance to States in implementing these structural changes. In developing this guidance, CMS has attempted to reduce the burden on States as much as possible, while still ensuring that participating States comply with the letter and spirit of the legislation. Many States will find that they have already implemented the required structural changes, or are close to doing so. For many States, achieving the requirements of the Balancing Incentive Program is eminently realistic.

CMS stands ready to provide States with technical assistance on several fronts. Six months after submitting an application for the Balancing Incentive Program, States must submit a Work Plan describing the milestones they will meet as they implement these changes. CMS will work closely with States to ensure that the goals laid out in the Work Plan are appropriate and realistic. For the first year of the Program, a team of consultants will supplement the assistance that CMS provides. These consultants will help States to draft the Work Plan, to identify the funds necessary to make structural changes, and to implement those changes. In addition, CMS plans to disseminate information on best practices and lessons learned, helping States learn from each other about the successes and challenges of implementing the Balancing Incentive Program.

States should not view the Balancing Incentive Program strictly as a set of administrative requirements necessary to obtain enhanced Federal funding. Rather, States should view the Program as a way to help more individuals live healthy, independent, fulfilled lives in the community. The Balancing Incentive Program should be seen as one component of a comprehensive approach to systems balancing.

CMS hopes that its State partners will embrace the opportunities that the Balancing Incentive Program provides, to create a future in which more individuals with long-term care needs live in the communities of their choice, among friends and family, with control over their own lives and futures.

3. STRUCTURAL CHANGE 1: NO WRONG DOOR/SINGLE ENTRY POINT SYSTEM

This section describes the first structural change required by the Balancing Incentive Program – a No Wrong Door/Single Entry Point (NWD/SEP) system. Within the Program, this structural change is defined as the:

“development of a Statewide system to enable consumers to access all long-term services and supports through an agency, organization, coordinated network, or portal, in accordance with such standards as the State shall establish and that shall provide information regarding the availability of such services, how to apply for such services, referral services for services and supports otherwise available in the community, and determinations of financial and functional eligibility for such services and supports, or assistance with assessment processes for financial and functional eligibility.”

States should keep in mind three interlinked principles when approaching and implementing a NWD/SEP system. First, changes to existing systems should increase the accessibility of community long-term care services and support (LTSS) by making it easier for individuals to learn about and be linked to services. Second, the structural change should create a community LTSS enrollment system with increased uniformity across the State in terms of how individuals are evaluated for services and how these services are accessed. Third, the structural change should result in a more streamlined system from the perspective of an individual’s experience and the manner in which information is collected and exchanged between relevant actors in the NWD/SEP system.

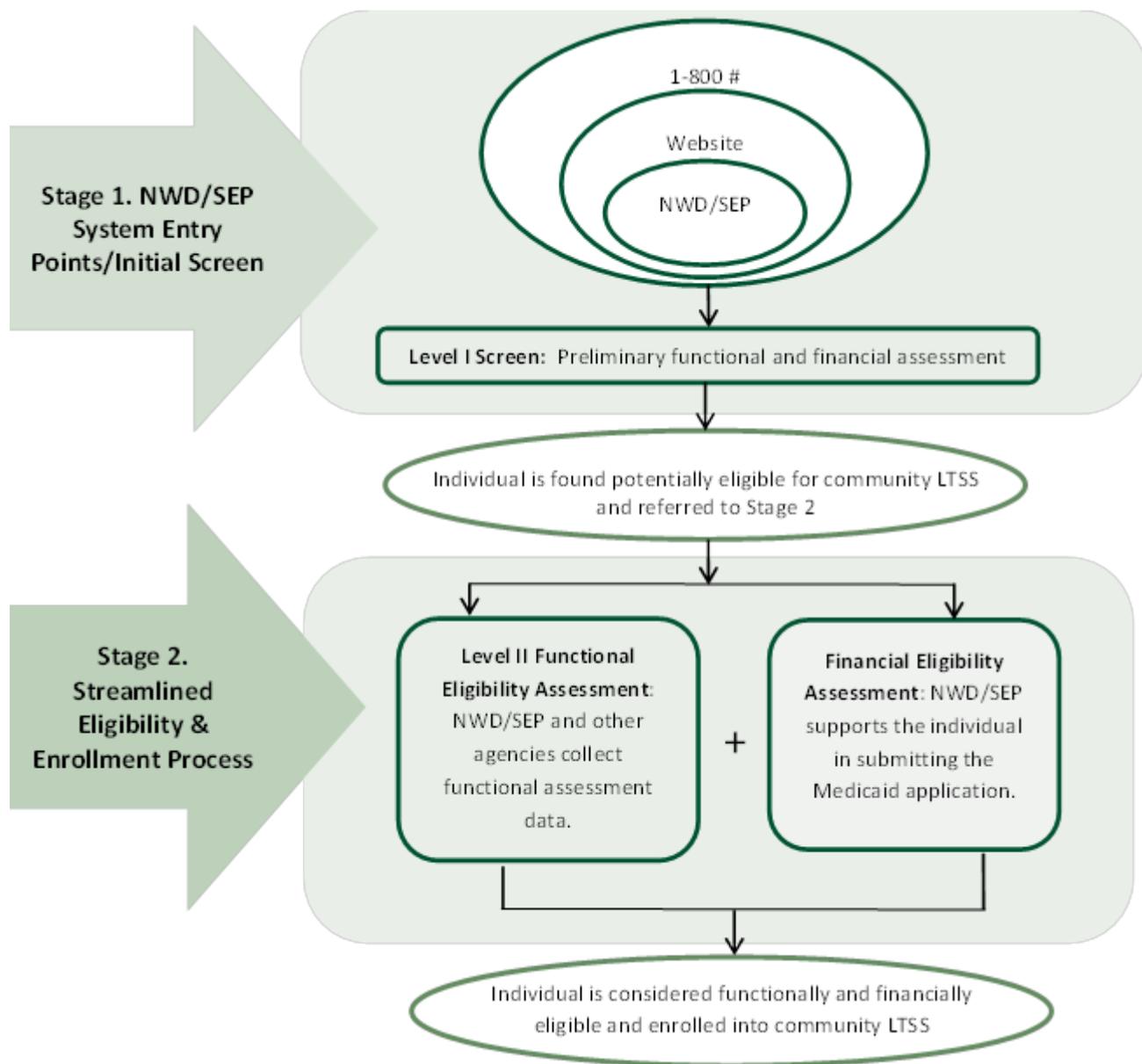
3.1. OVERVIEW OF CONCEPT

The NWD/SEP system aims to provide individuals with information on community LTSS, determine eligibility, and enroll eligible individuals in appropriate services. NWD/SEP systems can take many different forms depending on how they are defined and their program context. The figure and description below presents a potential NWD/SEP system from the perspective of an individual moving through the system, from the starting point of gaining initial information about the services available to the end point of becoming enrolled in appropriate services. This view of the NWD/SEP system is referred to as the “person flow.”

The NWD/SEP system presented in the figure and described in the following discussion is a two-stage process. Within Stage 1, individuals making inquiries about community LTSS go through an initial screen (Level I), which collects preliminary financial and functional data and points to potential needs and program eligibility. This screen may be completed online or conducted over the phone or in person by trained, designated NWD/SEP staff. Only those applicants who are considered potentially eligible at the Level I screen will receive the comprehensive Level II assessment during Stage 2. Although the Balancing Incentive Program enhanced Federal Medical Assistance Percentage (FMAP) is provided for Medicaid beneficiaries, States should ideally construct their NWD/SEP systems so that they also help serve individuals who are not Medicaid eligible.

Within Stage 2, the Level II assessment provides a more complete picture of an individual’s abilities and needs. The assessment must be completed in person by designated personnel who have received standardized training. If individuals are not considered eligible at this point, they are referred to non-Medicaid services, ideally with the support of the NWD/SEP system. The following sections describe these stages in more detail.

Figure 3-1: Person-Flow through the NWD/SEP System



3.2. STAGE 1: ENTRY POINT AND INITIAL ASSESSMENT

The entry points to a NWD/SEP system are the channels by which individuals enter the system and are routed to information, assessments, and ultimately, eligibility determinations. An important component of the NWD/SEP system is that it is Statewide. A true Statewide system ensures that individuals can access the system entry points from any location within the State, and that all individuals accessing the system experience the same processes and receive the same information about community LTSS options.

To be Statewide, a NWD/SEP system must include the following three components, depicted in Figure 3-1:

- A set of designated NWD/SEPs
- An informative website about community LTSS options in the State
- A Statewide 1-800 number that connects individuals to the NWD/SEP or their partners

Each component and how it may route an individual to Stage 2 of the NWD/SEP system – streamlined eligibility and enrollment – is described below.

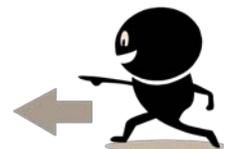
NWD/SEPs

A network of NWD/SEPs will form the core of the NWD/SEP system in each State. The NWD/SEP network is the “face” of the NWD/SEP system, providing access points for individuals to inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance. The NWD/SEPs will develop and implement standardized processes for providing information and eligibility assessments, ensuring a consistent experience for individuals accessing the system.

The Medicaid Agency must be the NWD/SEP Oversight Agency; it must have ultimate authority over and responsibility for the NWD/SEP network. However, the Medicaid Agency may delegate an Operating Agency. This Operating Agency should oversee the activities of the NWD/SEP network, the content of the community LTSS website, and the operation of the 1-800 number in order to ensure consistency in information and processes. The NWD/SEP system should build on established community LTSS networks to the greatest extent possible. Therefore, States should coordinate with local entities such as Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) that have been functioning as entry points to community LTSS in the State. See [Appendix F](#) for more information on how to coordinate efforts across multiple and diverse agencies.

When designing their NWD/SEP system, States should consider how physical NWD/SEPs are distributed relative to the individuals they are likely serve. The geographic area served by a physical NWD/SEP is referred to as its “service shed.” It is recommended that the combined service sheds of the NWD/SEPs serve a large share of a State’s population. Ideally, all individuals would be able to travel to a physical NWD/SEP by car or public transit and return home within a single day. This includes accessibility considerations for older adults and individuals with disabilities. However, CMS recognizes that this is not universally realistic, particularly for rural areas. In these cases, States should consider making other arrangements for enhancing access to NWD/SEPs. For example, NWD/SEPs could contract with vendors or home health agencies to dispatch staff to an individual’s home or to a central location (such as a nearby hospital).

Path from NWD/SEP to Stage 2: Individuals first accessing the NWD/SEP system through a NWD/SEP will receive a Level I screen at the NWD/SEP. If an individual is considered potentially eligible for community LTSS, the NWD/SEP will then conduct or schedule a comprehensive Level II assessment.



Informative Community LTSS Website

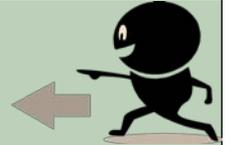
Another key component of a Statewide NWD/SEP system is an informative website about community LTSS options in the State. It should provide broad access to standardized information about community LTSS and contact information for NWD/SEPs and the 1-800 number where individuals can get more information or complete an assessment. Websites must be 508 compliant and accessible for individuals with disabilities. Attention should also be paid towards designing a website accessible to a wide-range of users with varying functional and health literacy skills. For more information on making websites accessible to a diverse user group, see [Appendix K](#).

CMS strongly encourages States to incorporate an online Level I self-screen into their informational website. A recent national inventory conducted by Mission Analytics Group, Inc. as background research for this Manual found that eight States currently have an informational website with a Level I screen (Johansson et al., 2011). These online self-screens require an individual to enter basic demographic, financial, and functional information. The information is used to generate a list of LTSS programs and services for which the individual or members of their household may be eligible. (Often these lists of services also include resources and social services outside of Medicaid community LTSS, such as food stamps or low-income heating assistance). Results may be tailored for the county where an applicant lives. Some websites allow an applicant to download and save the list of recommended entities and resources and convert it into a printer-friendly format.

Community LTSS 1-800 Number

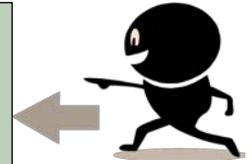
A 1-800 number provides the widest access to the NWD/SEP system. A Statewide 1-800 number can be accessed by all individuals, regardless of how far they are from the nearest NWD/SEP. These numbers provide a particularly important link to information for individuals who are more comfortable talking to a “real person” rather than searching for information on a website. And of course, 1-800 numbers offer a link to information and referral services for those without internet access. To ensure accessibility, these numbers should provide translation services for non-English speakers and TTY services.

Path from Website to Stage 2: The path from an informational website to Stage 2 can occur in a number of ways:



- The most basic community LTSS websites would not contain an online Level I self-screening. Individuals would find out about the range of community LTSS available in the State by reviewing the website content; they may choose to pursue community LTSS by contacting a NWD/SEP.
- Websites that include an online Level I self-screen would provide individually tailored information to those who complete the Level I screen; still, these individuals would generally be responsible for following up with the NWD/SEP after receiving the results of their Level I screen.
- The most sophisticated websites would allow Level I data to be saved and passed on to a NWD/SEP. NWD/SEPs could then contact individuals who are considered potentially eligible at Level I to schedule an appointment.

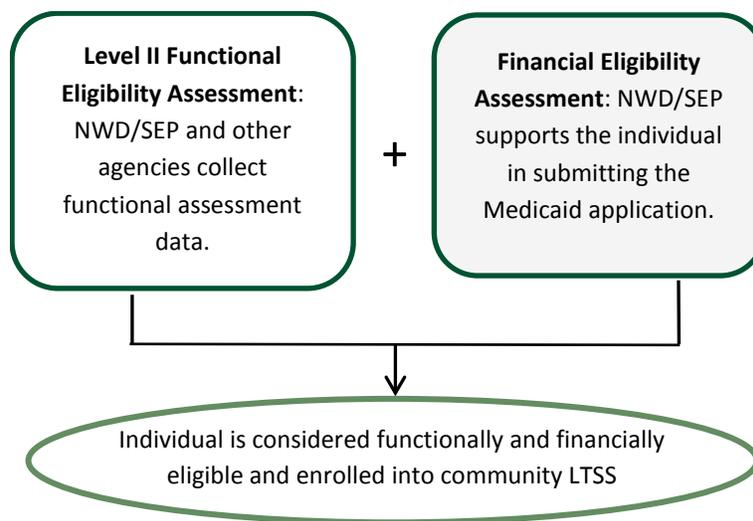
Path from 1-800 Number to Stage 2: CMS encourages States to set up systems by which individuals are able to have a Level I screen completed via the 1-800 number. A 1-800 number can create a “person-to-person hand off” to the next step towards receiving services. An individual may call a 1-800 number, receive an initial screening of needs and eligibility for community LTSS, and make an appointment over the phone for the next step in the application process.



3.3. STAGE 2: STREAMLINED ELIGIBILITY AND ENROLLMENT PROCESS

After the initial eligibility determination, individuals potentially eligible for Medicaid-funded community LTSS move to Stage 2: the streamlined eligibility and enrollment process. The figure below displays the components of the eligibility determination process. Note that functional and financial eligibility assessments may occur simultaneously or in a linear fashion. Note also that the figure and discussion below do not incorporate the role of waitlists.²

Figure 3-2: Overview of the Community LTSS Eligibility Determination Process



The NWD/SEP will be the key player in the streamlined eligibility and enrollment process, coordinating all components of the process including eligibility determination and enrollment in programs and services. Within the NWD/SEP, a single eligibility coordinator, case management system, or otherwise coordinated process should guide the individual through the entire assessment and eligibility determination process. This support should ensure that:

² Because services are not necessarily immediately available to anyone who is eligible, States may consider various ways of structuring and managing a waitlist system. Two common approaches for structuring a waitlist include: (1) immediately determining interested individuals’ eligibility status and putting them on a waitlist thereafter and (2) immediately placing interested individuals on a waitlist and undertaking the eligibility determination process as services become available. Regardless of approach, in the spirit of the Balancing Incentive Program legislation, States should also provide individuals who are waitlisted or non-Medicaid eligible with referrals for supports and services during the interim.

1. Individuals are assessed once for the range of Medicaid-funded community LTSS for which they may be eligible, and therefore only have to tell their story once.
2. The eligibility determination, options counseling, and enrollment process proceeds in a streamlined and timely a manner as possible.
3. Individuals can easily find out the status of the eligibility determination and next steps.

For States to fulfill these criteria, NWD/SEPs should carry out the following functions.

- ***Coordinate the Completion of the Functional Assessment:*** Arguably the most important function of the NWD/SEP is to initiate and coordinate collection of the Level II functional assessment. Each NWD/SEP will have at least one staff member trained to initiate the assessment. In some cases, these staff members will be able to complete the assessment; in other cases, other differently qualified individuals may be required to complete specific portions of the Level II assessment coordinated by the NWD/SEP.
- ***Coordinate the Financial Eligibility Assessment:*** The NWD/SEP will also coordinate the Medicaid financial eligibility determination. The financial eligibility determination process should be as automated as possible; where feasible, financial eligibility data should be pulled from existing data sources (e.g., IRS, Social Security). Admittedly, much of the financial data required for community LTSS eligibility data (e.g., asset testing and look back periods on asset transfers) cannot be pulled from existing data sources. States should consider creating systems that will streamline the financial eligibility process to the extent possible given these constraints.
- ***Coordinate Final Eligibility Determinations:*** Another key role of a NWD/SEP is to coordinate an applicant's financial and functional data. Many States currently struggle to coordinate functional and financial eligibility determinations in order to expedite eligibility determinations and service activation. Delayed eligibility processes are a barrier to community LTSS and may lead to unnecessary institutionalization. Ideally, States will have systems in which financial and functional data systems are integrated or "talk to each other," and NWD/SEP staff are able to both input data into these systems and extract data necessary for making eligibility determinations. Data considerations related to the coordination of functional and financial data are discussed in more detail in Chapter 6. Finally, States should consider co-locating functional and financial eligibility determination staff, as this would help expedite eligibility determinations.
- ***Coordinate the Enrollment in Services:*** After determinations are made, NWD/SEPs will help individuals choose among programs for which they are eligible and then support them through the process of enrolling in services and setting up supports. Note that while the functional assessment should *inform* an individual's plan of care, it should not be the only source of information. The State should bring in additional sources of information or analyses to develop a more person-centered plan. Individuals considered ineligible by the Level I screen or Level II assessment should be referred to other services. States can decide whether to continue supporting these individuals through the NWD/SEP system with case management services, as appropriate.

3.4. SUMMARY OF REQUIREMENTS AND RECOMMENDATIONS

The following table summarizes the required and recommended elements of the NWD/SEP system described above.

Requirements and Recommendations
The Balancing Incentive Program Structural Change 1: NWD/SEP System
<u>General NWD/SEP Structure</u> <i>Requirements:</i> <ul style="list-style-type: none">• Individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.• A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire assessment and eligibility determination process, such that:<ol style="list-style-type: none">1. Individuals are assessed once for the range of community LTSS for which they may be eligible, and therefore only have to tell their story once.2. The eligibility determination, options counseling, and enrollment processes proceed in as streamlined and timely a manner possible.3. Individuals can easily find out eligibility status and next steps.• State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS.

Requirements and Recommendations

The Balancing Incentive Program Structural Change 1: NWD/SEP System

NWD/SEP

Requirements:

- *NWD/SEP network:* State has a system of NWD/SEPs that form the core of the NWD/SEP system: the NWD/SEP network. The Medicaid Agency is the Oversight Agency and may delegate the operation of the NWD/SEP system to a separate Operating Agency.
- *Coordinating with existing community LTSS counseling entities and initiatives:* The NWD/SEP network includes or coordinates with Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and/or other entities that have been functioning as entry points to community LTSS in the State.
- *Full service access points:* NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance. Physical locations must be accessible to older adults, individuals with disabilities, and users of public transportation.
- *Ensuring a consistent experience and core set of information:* NWD/SEPs design and follow standardized processes for providing information, referrals, and eligibility determinations so that individuals accessing the system at different NWD/SEPs experience a similar process and are provided a consistent core set of information about community LTSS options in the State.
- *Coordinated eligibility and enrollment process:* The NWD/SEP coordinates both the functional and financial assessment and eligibility determination process from start to finish, helping the individual choose among services and programs for which they are qualified after eligibility determination.

Strongly Recommended:

- States establish physical NWD/SEPs that are universally accessible.
- Beneficiary is assigned an eligibility coordinator who serves as a single point of contact throughout the eligibility determination and enrollment process.
- States co-locate financial and functional eligibility entities and/or staff to help coordinate and expedite determinations.
- Via the NWD/SEP system, States provide information to individuals not eligible for Medicaid-funded community LTSS, so they can access needed services covered by other programs.

Requirements and Recommendations

The Balancing Incentive Program Structural Change 1: NWD/SEP System

Website

Requirements:

- A NWD/SEP system includes an informative community LTSS website. Website content is developed or overseen by the NWD/SEP Operating Agency and reflects the full range of Medicaid community LTSS options available in the State. Information is current. Website is 508 compliant and accessible for individuals with disabilities.
- Website lists 1-800 number for NWD/SEP network.

Strongly Recommended:

- Website includes an automated Level I screen with basic questions about functional and financial status, which results in a list of services for which an individual may be eligible. Individuals are provided instructions for “next steps” and contact information for follow up with a NWD/SEP.
- Level I screen includes results related to services outside of Medicaid for which the individual may be eligible (e.g. CHIP, LIHEAP, SNAP, housing choice and other locally funded services).
- Results of Level I screen are downloadable and printable.

Recommended:

- Website provides mechanism to make an appointment for a Level II assessment or to find out “more information” about community LTSS options.
- After the online Level I is complete and results are generated, individuals can choose to save data, provide contact information and agree that a NWD/SEP may contact them for follow up. The Level I data are then “pushed forward” to the NWD/SEP system database. The NWD/SEP then reaches out to the individual to schedule a Level II assessment.

1-800 Number

Requirements:

- Single 1-800 number routes individuals to central NWD/SEP staff or to a local NWD/SEP, where they can find out about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for an assessment. The 1-800 number is accessible to non-native English speakers and those with disabilities, providing translation services and TTY.
- Website lists 1-800 number for NWD/SEP network.

5. STRUCTURAL CHANGE 3: CONFLICT-FREE CASE MANAGEMENT

The Balancing Incentive Program requires States to develop, as part of their No Wrong Door/Single Entry Point (NWD/SEP) systems, conflict-free case management services to:

“develop a service plan, arrange for services and supports, support the beneficiary (and, if appropriate, the beneficiary’s caregivers) in directing the provision of services and supports for the beneficiary, and conduct ongoing monitoring to assure that services and supports are delivered to meet the beneficiary’s needs and achieve intended outcomes.”

This chapter describes the requirements of this structural change in more detail. We refer to entities responsible for the independent evaluation, independent assessment, the plan of care, and case management as “agents” to distinguish them from “providers” of community long-term services and supports (LTSS).

5.1. DEFINITION OF CONFLICT OF INTEREST

“Conflict of interest” is defined as a “real or seeming incompatibility between one’s private interests and one’s public or fiduciary duties.”⁵ Some State social services systems allow the agent that conducts the functional assessment and/or case management to also provide services to that individual. These systems have assessors and case managers performing quality oversight activities over their own agency and their own employers. “Self-policing” puts assessors and case managers in the position of evaluating the performance of co-workers, supervisors and leadership within the very organization that employs them. Problems arise because assessors and case managers are typically not the direct line supervisors of the other workers and therefore do not have the authority to require changes.

This structure can lead to obvious conflicts, such as:

- Incentives for either over- or under-utilization of services.
- Interest in retaining the individual as a client rather than promoting independence. Agents may also be reluctant to suggest providers outside their agency because the agency may lose revenue.
- Issues that focus on the convenience of the agent or service provider rather than being person-centered.

Many of these conflicts of interest may not be conscious decisions on the part of agents; rather, in many cases, they are outgrowths of inherent incentives or disincentives built into the system that may or may not promote the interests of the individual receiving services.

⁵ Black’s Law Dictionary, Eighth Ed., Thomson West, St Paul, MN (2004)

5.2. CONFLICT-FREE CASE MANAGEMENT

The plan of care must offer each individual all of the community LTSS that are covered by the State, that the individual qualifies for, and that the evaluation and assessment process shows to be necessary. The plan of care must be based only on medical necessity (for example, needs-based criteria), not on available funding. Conflict-free case management has the following characteristics:

- ***There is separation of case management from direct services provision:*** Structurally or operationally, case managers should not be employees of any organization that provides direct services to the individuals. Ideally, conflict-free case management agencies are stand-alone and provide **no** other direct services. This prevents financial pressure for case managers to make referrals to their own organization or the “trading” of referrals.
- ***There is separation of eligibility determination from direct services provision:*** Eligibility for services is established separately from the provision of services, so assessors do not feel pressure to make individuals eligible to increase business for their organization. Eligibility is determined by an entity or organization that has no fiscal relationship to the individual.
- ***Case managers do not establish funding levels for the individual:*** The case manager’s responsibility is to develop a plan of supports and services based on the individual’s assessed needs. The case manager cannot make decisions as to the amount of resources (individual budget, resource allocation, or amount of services).
- ***Individuals performing evaluations, assessments, and plans of care cannot be*** related by blood or marriage to the individual or any of the individual’s paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

5.3. MITIGATING CONFLICT

CMS is aware that in certain regions there may only be one provider available to serve as both the agent performing independent assessments and developing plans of care, and the provider of one or more of the community LTSS. To address this potential problem, the State may permit a single provider to supply case management and direct support services. The State will need to explain why no other providers are available and why no resource can be developed (this explanation is a Work Plan deliverable – see [Appendix E](#)).

In this instance, CMS will require the State to develop conflict of interest protections that demonstrate the State is taking strong steps to prevent conflict of interest. Examples of protections include:

- Assuring that individuals can advocate for themselves or have an advocate present in planning meetings.
- Documenting that the individual has been offered choice among all qualified providers of direct services.
- Establishing administrative separation between those doing assessments and service planning and those delivering direct services.
- Establishing a consumer council within the organization to monitor issues of choice.

- Establishing clear, well-known, and easily accessible means for consumers to make complaints and/or appeals to the State for assistance regarding concerns about choice, quality, and outcomes.
- Documenting the number and types of appeals and the decisions regarding complaints and/or appeals.
- Having State quality management staff oversee providers to assure consumer choice and control are not compromised.
- Documenting consumer experiences with measures that capture the quality of case management services.

CMS is currently reviewing the options for conflict-free case management in a managed care environment, and will provide updated guidance to States when it has been developed.

5.4. SUMMARY OF REQUIREMENTS AND RECOMMENDATIONS

The following table summarizes the required elements of conflict-free case management explained above.

Requirements and Recommendations
The Balancing Incentive Program Structural Change 3: Conflict-Free Case Management Services
<u><i>Conflict-Free Case Management Processes</i></u>
<i>Requirements:</i>
<ul style="list-style-type: none">• States must establish conflict of interest standards for the Level I screen and Level II assessment and care planning processes.• These standards must include the establishment of an independent agent to mitigate conflicts of interest during these processes.• The independent agent retains the final responsibility for the assessment and plan of care functions.• The independent agent cannot be any of the following:<ul style="list-style-type: none">• Related by blood or marriage to the individual, or any paid caregiver of the individual.• Financially responsible for the individual.• Empowered to make financial or health-related decisions on behalf of the individual.• Providers of State plan LTSS for the individual, or those who have interest in or are employed by a provider of State plan LTSS – EXCEPT, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area AND the State devises conflict of interest protections, such as “firewall” policies.• States should not implement policies to circumvent these requirements by suppressing the enrollment of any qualified and willing provider.• The independent agent must not be influenced by variations in available funding, either locally or from the State.• An individual’s plan of care must be created independently from the availability of funding to provide services: the plan of care must offer each individual all of the community LTSS that are covered by the State that the individual qualifies for, and that are demonstrated to be necessary through the evaluation and assessment process.• Referrals cannot be made between a referring entity and provider of services when there is a financial relationship between these parties.

6. THE ROLE OF AN ELECTRONIC INFORMATION EXCHANGE IN A NWD/SEP SYSTEM

An Electronic Information Exchange (EIE) can be a key component of a No Wrong Door/Single Entry Point (NWD/SEP) system. By capturing, storing and transferring data electronically, an EIE ensures that each entity involved in community long-term services and support (LTSS) eligibility determination and program enrollment has the information necessary to conduct its piece of the process accurately and in a timely manner. Although CMS does not require that States implement EIEs as part of their NWD/SEP systems, EIEs can serve an important role in streamlining and coordinating eligibility determination, a requirement for Balancing Incentive Program funding. By reducing the need for phone calls, emails, faxes and letters, an EIE can expedite referrals and enrollment. Individuals are also less likely to “fall through the cracks” given that EIEs often store data centrally, allowing multiple parties to access data and providing case managers with task reminders. In addition, automated functional assessment tools, a key piece to an EIE, can reduce data entry error through drop-down menus and fields with pre-designated formatting and skip logic, which guide users to the appropriate questions when conducting assessments.

No single NWD/SEP EIE model will be right for all States. Therefore, this chapter presents examples of EIEs, demonstrating how different technological approaches work within different contexts for community LTSS enrollment. To conceptualize the moving pieces within these examples, we use two different perspectives – the “person flow” and the “data flow.” As noted previously, the person flow refers to the logistics of enrollment from the human perspective – how an individual moves through each stage of the process. The data flow describes what data are collected and how these data are used and shared to assess, determine, and communicate eligibility. These two flows happen simultaneously during the enrollment process. The chapter also situates the Balancing Incentive Program within the context of the Affordable Care Act. Significantly, States are required to build a single portal for enrollment into Medicaid, Children’s Health Insurance Program (CHIP) and the Health Insurance Exchanges by 2014. Suggestions are provided to help States coordinate their NWD/SEP EIE and Exchange IT systems.

6.1. WHAT IS AN ELECTRONIC INFORMATION EXCHANGE?

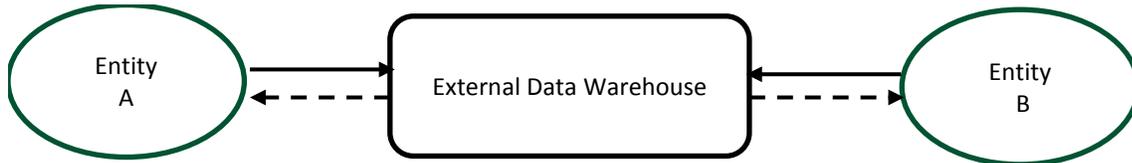
EIEs can serve many purposes, such as helping medical providers share patient clinical information or allowing States to enroll families into multiple social programs through one portal. We use the term EIE to broadly encompass systems that share client demographic, financial, health and functional data across applicants, entities, programs and/or providers. Within this context, there are three overarching models for an EIE: central, federated, and hybrid. These models use different strategies for sharing data across multiple users; they also often manage their data with differing programming language and architecture.

The Central Model

The central model relies on a data repository where entities deposit and access data. The model requires enough hardware to store all data in one location – either at an agency site or at a location external to all participating entities (e.g., a vendor location). Each entity sets up an interface with the repository and interacts with the data depending on the level of user access; while some users can only view data, other

users can modify them. In the central model, when data are updated, entities do not maintain a local copy. Entities concerned with data security and client privacy may consider this approach less appealing if an external entity stores and manages their data. Figure 6-1 is a simplified depiction of the central model, where entities A and B input data into an external warehouse, allowing them to share these data. Note that data do not flow back to the entities and update their local systems.

Figure 6-1: Central Model

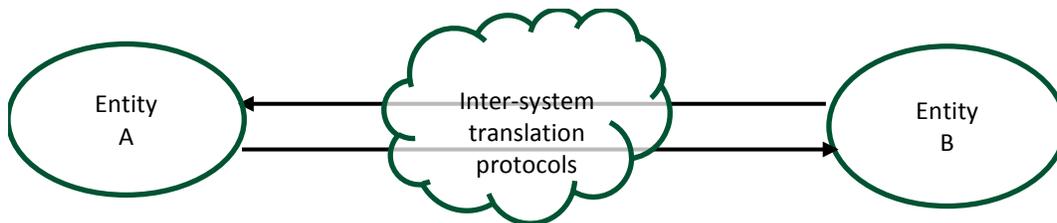


Solid arrows represent ability to update data; dashed arrows represent ability to view data.

The Federated Model

The federated model facilitates access to data located at agency/provider sites. Within a federated model, each entity is responsible for maintaining its own data. Information is typically exchanged on a “need to know” basis. An entity requests data, which are then pulled from the originating system into the requestor’s interface. The entity can then use these data to update its local system. Given that the systems of participating entities may have different data storage and retrieval protocols, variable names and programming code, the federated model acts as a translation service that allows these systems to communicate. Figure 6-2 demonstrates how entities A and B share data directly through a federated model; they pull data from the other entity to update their own data.

Figure 6-2: Federated Model

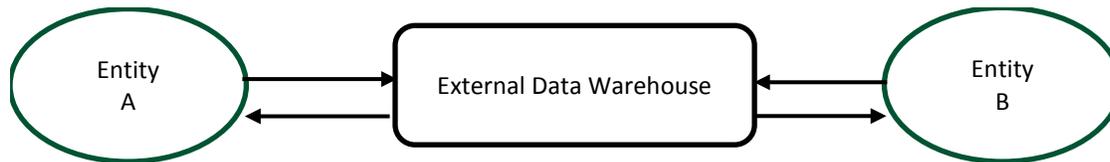


Solid arrows represent ability to update data

The Hybrid Model

The hybrid model combines both systems. Data are stored centrally, but entities can pull data from the central repository to update their systems or update the central repository based on their systems' data. Figure 6-3 depicts a hybrid model, where entities A and B push data into the external data warehouse, updating its contents, and pull data from the warehouse to update their local systems.

Figure 6-3: Hybrid Model



Solid arrows represent ability to update data

An Example Hybrid Model: One e-App

One e-App is a web-based application used in Arizona, California, Indiana and Maryland that serves as a single point of entry for enrollment into a range of health, social services, food, work support and other programs, such as Medicaid, State Children's Health Insurance Program (SCHIP), SNAP (Food Stamps), Earned Income Tax Credit (EITC), Temporary Aid for Needy Families (TANF), Women, Infants, Children (WIC), low-income energy subsidy programs, and other federal, State and county programs. One e-App was designed to address the fragmented public program application process, whereby individuals had to visit multiple entities to fill out applications for programs, often filling out the same information on paper multiple times. With One e-App, applicants input information into an online system one time; this information is then distributed to the multiple entities that conduct eligibility determination.

Person Flow through One e-App: Applicants can access One e-App on their home computers or with assistance at pre-designated user locations, typically a county office, medical provider, food bank, or community-based organization (CBO). The application process has two steps. First, the applicant inputs demographic and financial information into relevant One e-App screens. A table, listing the programs for which the individual may be eligible, is then generated. At that time, the applicant can choose which programs they would like to apply for. As a second step, the applicant submits required documents (such as pay stubs and birth certificates) by fax or scan to validate the information they provided in the first step. Once the application is routed to and processed by the relevant entity, the applicant receives notice of final eligibility determination from that entity.

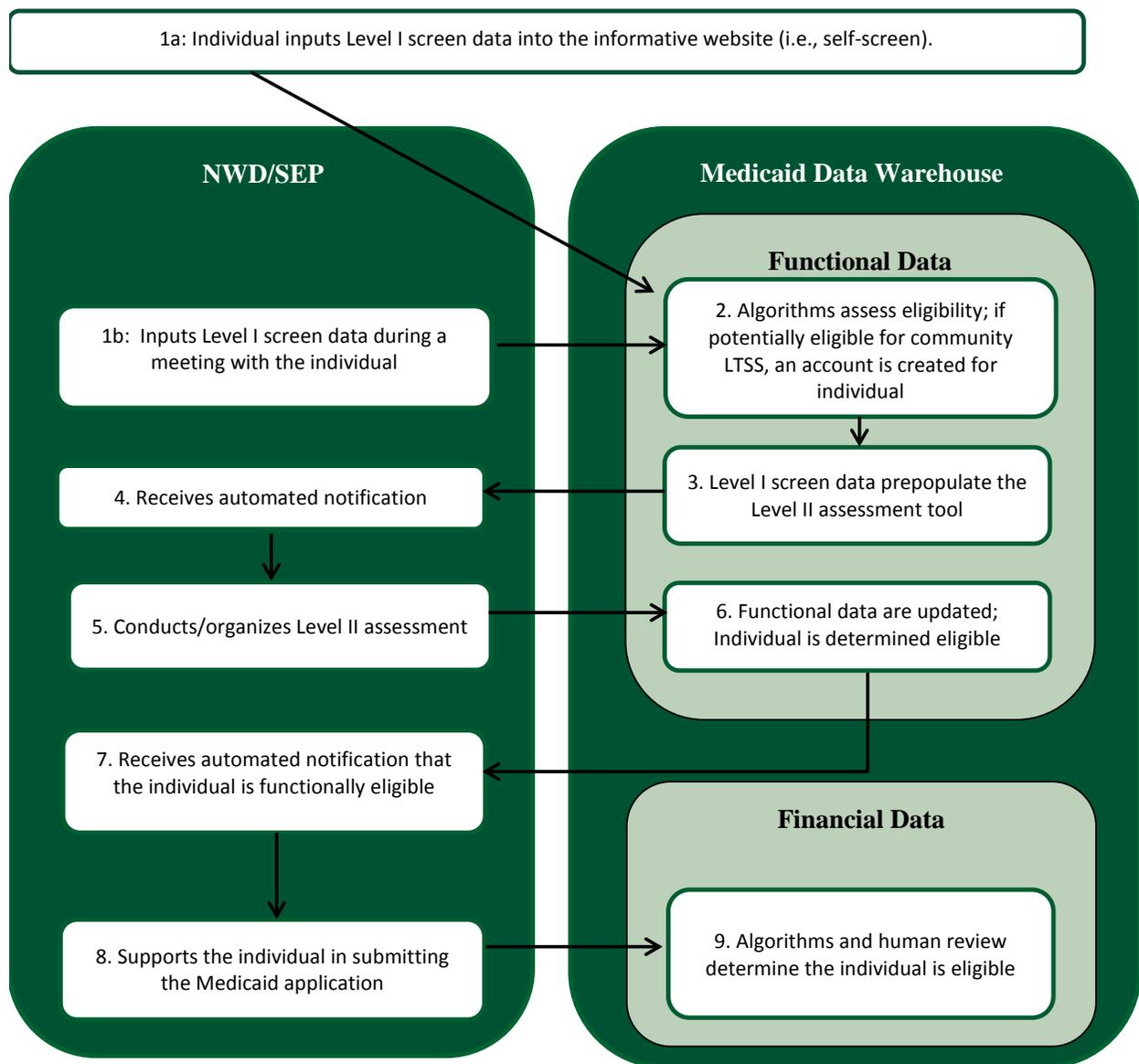
Data Flow through One e-App: One e-App is a hybrid system because data move through a centralized location and data in local systems are constantly updated. Data enter the centralized data warehouse through the thousands of user sites. The data warehouse interfaces easily with local entities, which then use the data to determine eligibility. At this point, the data flow varies by State. In Arizona, once the final eligibility determination is made, the One e-App data warehouse is updated with the relevant information from the local entity system. This allows One e-App to communicate disposition with users (e.g., medical providers, CBOs) and applicants. Users and applicants receive a notification via email or text that the eligibility determination has been made and they can then log onto their accounts to obtain the results. In California, for some programs, the One e-App data warehouse is not updated with information on the final eligibility determination; each entity is responsible for informing the applicant, which is often done via mail.

Source: Interviews with Social Interest Solutions (SIS) staff

6.2. PROTOTYPE NWD/SEP EIE SYSTEM

Any of these three overarching approaches could act as the model for a NWD/SEP EIE system. To illustrate how a NWD/SEP EIE system could work, we present an example of a centralized approach where community LTSS financial and functional data are stored and processed within the State’s Medicaid database. The NWD/SEP responsible for the functional assessment need not be the same as the entity responsible for the financial assessment. Therefore, this NWD/SEP EIE system allows multiple entities to share and update information, thus maintaining a streamlined and coordinated approach. Figure 6-4 depicts the example NWD/SEP EIE system; each activity is represented by a numbered box to demonstrate the order of steps in the data flow. The following discussion presents these steps in more detail.

Figure 6-4: NWD/SEP EIE Idealized Data Flow



Steps 1a and 1b: Level I Screen Data Enters the EIE

As a first step, Level I screen data are input into a web-based tool that feeds into the State Medicaid’s centralized NWD/SEP EIE system. Individuals may access the online Level I screen through the informative website and input the information into the NWD/SEP EIE system themselves (i.e., method 1a in the figure above). Alternatively, a NWD/SEP may input the Level I data collected from the individual via a phone call or an in person visit (i.e., method 1b in the figure above).

Although not a Balancing Incentive Program requirement, an online Level I screen that allows an individual to conduct a self-assessment is highly recommended by CMS to improve efficiency and access. In addition, CMS strongly recommends that the Level I online self-screen result in a list of programs and services for which an individual may be eligible. Alternatively, in more ambitious designs (as depicted in our example model above), the data input by the individual and the results of the Level I screen are “pushed forward” and saved within the NWD/SEP EIE system.

Step 2: The System Assesses Potential Eligibility

Once the Level I screen data enter the system, internal algorithms based on pre-determined decision rules automatically assess if the individual is potentially eligible for Medicaid-funded community LTSS. These algorithms reduce human error, which can lead to false determinations. If the individual is considered potentially eligible, an account (i.e., record) is created for that individual. The State may choose to create an account for any individual that completes a Level I screen, regardless of eligibility, to better track all initial applicants to community LTSS. However, individuals may be more likely to fill out an online assessment if personal information needed to initiate the account is only requested after the individual completes the assessment and is considered potentially eligible.

Steps 3 and 4: NWD/SEP Receives Automated Referral

Ideally, two activities occur with the completion of a positive Level I screen. First, the NWD/SEP receives an automated notification that the individual is potentially eligible for LTSS and arranges for a Level II assessment. If an individual submitted the Level I self-screen via the website, the NWD/SEP could provide a “person-to-person hand off” to the next step in the process by contacting the individual to schedule the Level II assessment. Alternatively, the individual would be responsible for contacting the NWD/SEP to schedule a Level II assessment. While the person-to-person hand off improves access, it is also more resource intensive.

interRAI Home Care (HC): Automated Functional Assessment Tool

interRAI is a network of researchers in over 30 countries aimed to promote evidence-based decision-making in health care for the elderly and disabled. interRAI develops instruments for evaluating the needs, strengths, and preferences of individuals seeking various levels of care. The Home Care (HC) instrument “was developed to provide a common language for assessing the health status and care needs of frail elderly and disabled individuals living in the community.” This automated tool, compatible with many systems, is equipped with algorithms for assessing and determining eligibility. Commonly used in the US, Canada, Europe and Asia, interRAI HC has been shown to have robust inter-rater reliability.

Second, in ideal situations, the Level I screen data prepopulate the Level II assessment tool to facilitate further functional assessment. By including this initial information in the Level II assessment, the assessor can gain an understanding of the individual’s needs before the Level II assessment occurs. In addition, the assessor does not have to ask the same question twice.

Steps 5 and 6: Level II Assessment is Completed

The NWD/SEP coordinates the Level II assessment. Under this mode, the assessor inputs data into a web-based functional assessment tool. If the assessment takes place outside of the entity's office, the assessors use laptops to record assessment data. These data are fed directly into the NWD/SEP EIE system; algorithms and human review would determine if the beneficiary is functionally eligible. Once again, although CMS does not require an automated functional assessment tool for States to be eligible for Balancing Incentive Program funding, it is highly recommended given the ability of these tools to streamline eligibility determination.

Example of EIE Components: Michigan

In Michigan, the LTSS waiver for the elderly and younger adults with disabilities is called the MI Choice program. The Medicaid LTSS medical/functional eligibility determination, enrollment, and provision of services are largely managed by Organized Health Care Delivery Systems (OHCDS) called Waiver Agents. Waiver Agents include Area Agencies on Aging (AAAs) and others. Referrals come from many sources, including family members, hospital discharge planners, service providers, Centers for Independent Living and nursing homes. Typically, the Waiver Agent communicates with the applicant via phone and conducts an initial screening. If the applicant satisfies the Telephone Intake Guidelines criteria, he/she is placed on a waitlist for an in person visit. When a waiver slot becomes available, a supports coordination team (RN and Social Worker) from the Waiver Agent visits the individual to conduct a more in-depth functional assessment and perform a formal Level of Care determination (which is later submitted to the web-based level of care determination system). The supports coordinators carry laptops, into which they enter the functional assessment information, which is later synced with either an individual entity's or a contracted service bureau's web-based portal and then submitted to a Data Warehouse. If the individual meets functional eligibility criteria, is Medicaid eligible, and requires MI Choice services on a continual basis, the Waiver Agent enrolls the participant in the MI Choice program. The Waiver Agents are responsible for contracting with, overseeing, and funding LTSS providers. Medicaid pays Waiver Agents a monthly amount based on budgeted and historical expenditures. Entities individually or via the service bureau submit claims to Medicaid, and approved claims are used for final cost reconciliation of payments to actual service and administrative costs at the end of each year.

Source: Interviews with program staff

Steps 7-9: NWD/SEP Helps the Individual Submit the Medicaid Application

As depicted in Figure 6-4, once the Level II assessment is complete and the NWD/SEP receives an automated notification that the beneficiary is functionally eligible, the NWD/SEP works with the individual to facilitate the completion of the financial Medicaid application. This may involve providing assistance to the individual over the phone or holding an in person meeting during which the application is completed jointly.

While many States have online systems for functional eligibility determination, they use paper-based systems and human review to determine financial eligibility for LTSS populations because of the complexity of eligibility criteria. Therefore, financial determination may occur outside of the NWD/SEP EIE system. Ideally, the NWD/SEP EIE system would communicate with the financial eligibility system, so it is automatically updated with the final financial determination. Also, note that while Figure 6-4 places the financial eligibility process after the functional eligibility process, these processes can occur in parallel or in reverse order.

Regardless of timing, if the individual is functionally and financially eligible, he/she is enrolled in Medicaid-funded community LTSS. Although not

depicted in the figure, the community LTSS provider becomes an additional user of the NWD/SEP EIE system, creating a plan of care with the data and updating the database with annual functional assessments.

See [Appendix J](#) for information on sharing data legally and securely in a NWD/SEP EIE system.

6.3. HOW DOES A NWD/SEP EIE FIT WITHIN THE CONTEXT OF THE AFFORDABLE CARE ACT?

As mandated by Section 1413 of the Affordable Care Act, starting in 2014, Health Information Exchanges, (“Exchanges”) will perform two central functions: They will help qualified individuals and small employers learn about, select, and pay for private health plans; and they will help eligible individuals enroll in public health programs. As described by *Guidance for Exchange and Medicaid Information Technology Systems* (http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf), consumers will interact with the Exchanges through an easy-to-use, web-based system that provides a one-stop shopping experience. The system will evaluate an individual’s eligibility for coverage through one of four programs: qualified private health plans (with or without advance premium tax credits and cost-sharing reductions), Medicaid, CHIP, or a Basic Health Program (if the State chooses to establish one).

CMS envisions a streamlined, secure, interactive, and automated customer experience that will enable individuals to learn, in real-time, which program they qualify for (if any). Supported by clear navigation tools, individuals will answer a small number of questions and have the option at appropriate points to seek additional information or express their preferences. The system will allow an individual to accept or decline screening for financial assistance, and it will tailor the rest of the eligibility and enrollment process accordingly. In a rapid fashion invisible to consumers, the system will verify the accuracy of the information they supply. It will do so through a common, Federally managed “data hub” that will poll multiple databases and retrieve information on citizenship, immigration status, and Modified Adjusted Gross Income (MAGI) as defined by Federal tax information.

Because Medicaid financial assessments for the LTSS population in many States are considerably more complex (involving asset testing, look-back periods, and so on), individuals in this population will be “MAGI exempt.” According to the “Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010” proposed rules, published August 17, 2011, (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-17/pdf/2011-20756.pdf>), States are explicitly not required to build systems that determine eligibility for individuals in the MAGI exempt population. States that build systems that exclude the LTSS population risk creating separate and uncoordinated eligibility systems. As a result, individuals who are eligible for Medicaid-funded community LTSS may mistakenly believe they are not eligible for any program. Alternately, they may conclude that they are eligible for *something*, but have no idea how to apply for the appropriate services. Ideally, then, the Exchange IT system and the NWD/SEP EIE would communicate. For instance, through initial prompts, the Exchange IT system could intercept individuals seeking community LTSS before they complete the MAGI-only process and route them seamlessly to the NWD/SEP system for further assessment. Ideally, States should also consider how to connect individuals already enrolled in Medicaid to community LTSS, whether they qualify for those services now or will qualify for them in the future.

The Center for Consumer Information and Insurance Oversight (CCIIO) (<http://cciio.cms.gov/>) and Healthcare.gov (<http://www.healthcare.gov/>) have additional resources on the Health Information Exchanges.

6.4. SUMMARY OF REQUIREMENTS AND RECOMMENDATIONS

This table summarizes the required and recommended elements of a NWD/SEP EIE system as they relate to the Balancing Incentive Program structural changes.

Requirements and Recommendations
<p>These requirements and recommendations are relevant across the Balancing Incentive Program Structural Changes 1, 2 and 3</p>
<p><u>Level I Screen</u></p> <p><i>Strongly Recommended:</i></p> <ul style="list-style-type: none">• The NWD/SEP website includes an automated Level I screen with basic questions about functional and financial status, which results in a list of services for which an individual may be eligible. Individuals are provided instructions for “next steps” and contact information for follow up with a NWD/SEP. <p><i>Recommended:</i></p> <ul style="list-style-type: none">• The Level I screen prepopulates relevant fields in the Level II assessment.
<p><u>Level II Assessment</u></p> <p><i>Strongly Recommended:</i></p> <ul style="list-style-type: none">• Automation includes real-time electronic collection of functional assessment data. <p><i>Recommended:</i></p> <ul style="list-style-type: none">• Financial eligibility system communicates with the functional eligibility system, so a final eligibility determination can be made in a more streamlined manner.• Financial eligibility data are pulled from existing data sources (e.g. IRS, Social Security) to the extent possible.• The Level II assessment prepopulates plans of care.
<p><u>Case Management Tools</u></p> <p><i>Recommended:</i></p> <ul style="list-style-type: none">• Case managers receive notifications and task reminders to facilitate eligibility determination and enrollment.• Multiple users can share and update information based on their level of access and role in the eligibility determination process.

Requirements and Recommendations

These requirements and recommendations are relevant across the Balancing Incentive Program Structural Changes 1, 2 and 3

Health Information Exchange IT System Coordination

Recommended:

- The NWD/SEP EIE and the Exchange IT system communicate so individuals that enter through the Exchange IT system portal who seek community LTSS are transferred to the NWD/SEP system for eligibility determination.
- The NWD/SEP EIE and the Exchange IT system communicate so information about individuals already enrolled in Medicaid who eventually seek community LTSS are transferred to the NWD/SEP system.

Requirement	Part of System?
Website	
8. NWD/SEP system includes an informative community LTSS website. Website content is developed or overseen by the NWD/SEP Oversight or Operating Agency and reflects the full range of Medicaid community LTSS options available in the State. Information is current. Website is 508 compliant and accessible for individuals with disabilities.	<input type="checkbox"/>
9. Website lists 1-800 number for NWD/SEP network.	<input type="checkbox"/>
1-800 Number	
10. Single 1-800 number routes individuals to central NWD/SEP staff or to local NWD/SEP, where they can find out about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEP for an assessment. 1-800 number is accessible to non-native English speakers and those with disabilities, providing translation services and TTY.	<input type="checkbox"/>
Streamlined Eligibility and Enrollment Process - Data Considerations	
11. <i>Coordination of functional and financial assessment data:</i> Functional and financial assessment data and results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion.	<input type="checkbox"/>
Advertising of the NWD/SEP System	
12. <i>Advertising the NWD/SEP system:</i> State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS.	<input type="checkbox"/>
The Core Standardized Assessment (CSA)	
13. Uniformity of Level I/Level II assessment processes across populations seeking LTSS.	<input type="checkbox"/>
14. A Level I screen is available for completion online, in person, and over the phone.	<input type="checkbox"/>
15. Level II CSA is completed in person, with the assistance of a qualified professional.	<input type="checkbox"/>
16. The CSA is used to support the purposes of determining eligibility, identifying support needs, and informing service planning – across the State and across populations.	<input type="checkbox"/>
17. The CSA includes a Core Dataset (CDS) of required domains and topics.	<input type="checkbox"/>
Conflict-Free Case Management	
18. States must establish conflict of interest standards for the Level I screen, Level II assessment and care planning processes.	<input type="checkbox"/>
19. An agent independent of community LTSS service provision retains the final responsibility for the assessment and plan of care functions.	<input type="checkbox"/>

Requirement	Part of System?
<p>20. The independent agent cannot be any of the following:</p> <ul style="list-style-type: none"> • Related by blood or marriage to the individual, or any paid caregiver of the individual. • Financially responsible for the individual. • Empowered to make financial or health-related decisions on behalf of the individual. • Providers of State plan LTSS for the individual, or those who have interest in or are employed by a provider of State plan LTSS - EXCEPT, at the option of the State, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified provider in a geographic area AND the State devises conflict of interest protections, such as “firewall” policies. 	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>
<p>21. States should not implement policies to circumvent these requirements by suppressing the enrollment of any qualified and willing provider.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>22. The independent agent must not be influenced by variations in available funding, either locally or from the State.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>23. An individual’s plan of care must be created independently from the availability of funding to provide services: the plan of care must offer each individual all of the LTSS that are covered by the State that the individual qualifies for, and that are demonstrated to be necessary through the evaluation and assessment process.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>24. Referrals cannot be made between a referring entity and provider of services when there is a financial relationship between these parties.</p>	<p style="text-align: center;"><input type="checkbox"/></p>

APPENDIX E: INSTRUCTIONS FOR COMPLETING THE WORK PLAN

Six months after the submission of the Balancing Incentive Program application, States are required to submit a Work Plan, consisting of the below table and several deliverables (highlighted in gray in the table). In addition, to help CMS support States in implementing the structural changes, States are required to submit additional deliverables on a quarterly basis throughout the grant period. These quarterly deliverables will be accompanied by a Programmatic Progress Report. Deliverables and Progress Reports will be reviewed by CMS' technical assistance team, allowing CMS to monitor State progress and more importantly, support States in identifying and working through implementation challenges. As we expect that many States already have components of the required structural changes in place, States should be able to use existing documents/materials as their deliverables. In this section, we provide instructions for completing the Work Plan. Any deviation from the due dates stated in the Work Plan table must be approved by CMS. However, all structural changes must be made by October 1, 2015. The Work Plan should be signed by the lead of the State Medicaid Agency (the Oversight Agency) and by the Operating Agency (if those two agencies are different).

- The Balancing Incentive Program website (<http://www.balancingincentiveprogram.org/>) contains additional information on developing the Work Plan.
- For technical assistance, email: info@balancingincentiveprogram.org.
- CMS will provide guidance on the process of submission at a later date.

The Work Plan Table Template below consists of six main columns:

1. *Category*: This column represents the main components of the structural changes, including the No Wrong Door/Single Entry Point (NWD/SEP) system, the participating NWD/SEPs, the 1-800 number, website, advertising, the Core Standardized Assessment (CSA)/Core Dataset (CDS), conflict-free case management, data reporting, sustainability, and coordination with the Health Information Exchange IT system.
2. *Major Objective/Interim Tasks*: Within each category, we indicate major objectives and the tasks required to complete objectives. States may modify these tasks with approval from CMS.
3. *Due Date*: For each interim task, we have indicated a date by which that task should be completed and the corresponding deliverable submitted to CMS. The due date refers to the number of months from the time of the Work Plan submission. States should replace the number of months from Work Plan submission with an actual date to facilitate monitoring.
4. *Lead Person*: To support Work Plan implementation, the State should indicate which staff person in each agency is responsible for leading the task.
5. *Status of Task*: The State should also include a very brief description of the status of the task (e.g. not started, in progress, completed).
6. *Deliverables*: CMS has completed this column with deliverables that indicate that a related task has been completed. The State is responsible for submitting these deliverable to CMS on the respective due date.

Following the table, we provide a detailed described of each task outlined within the table.

Work Plan Table Template

*Please replace the number of months with an actual date.

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
General NWD/SEP Structure	All individuals receive standardized information and experience the same eligibility determination and enrollment processes.				
	<ul style="list-style-type: none"> Develop standardized informational materials that NWD/SEPs provide to individuals 	3 months			Informational materials
	<ul style="list-style-type: none"> Train all participating agencies/staff on eligibility determination and enrollment processes 	18 months			Training agenda and schedule
	A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. <i>(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time.)</i>				
	<ul style="list-style-type: none"> Design system (initial overview) 	0 months (submit with Work Plan)			Description of the system
	<ul style="list-style-type: none"> Design system (final detailed design) 	6 months			Detailed technical specifications of system
	<ul style="list-style-type: none"> Select vendor (if automated) 	12 months			Vendor name and qualifications
	<ul style="list-style-type: none"> Implement and test system 	18 months			Description of pilot roll-out
	<ul style="list-style-type: none"> System goes live 	24 months			Memo indicating system is fully operational
	<ul style="list-style-type: none"> System updates 	Semiannual after 24 months			Description of successes and challenges
NWD/SEP	State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.				
	<ul style="list-style-type: none"> Identify the Operating Agency 	0 months (submit with Work Plan)			Name of Operating Agency
	<ul style="list-style-type: none"> Identify the NWD/SEPs 	0 months (submit with Work Plan)			List of NWD/SEP entities and locations
	<ul style="list-style-type: none"> Develop and implement a Memorandum of Understanding (MOU) across agencies 	3 months			Signed MOU
	NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.				
	<ul style="list-style-type: none"> Identify service shed coverage of all NWD/SEPs 	3 months			Percentage of State population covered by NWD/SEPs
	<ul style="list-style-type: none"> Ensure NWD/SEPs are accessible to older adults and individuals with disabilities 	9 months			Description of NWD/SEP features that promote accessibility

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
Website	The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.				
	• Identify or develop URL	3 months			URL
	• Develop and incorporate content	6 months			Working URL with content completed, screen shots of main pages
	• Incorporate the Level I screen (<i>recommended, not required</i>)	18 months			Screen shots of Level I screen and instructions for completion
1-800 Number	Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.				
	• Contract 1-800 number service	6 months			Phone number
	• Train staff on answering phones, providing information, and conducting the Level I screen	6 months			Training materials
Advertising	State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS				
	• Develop advertising plan	3 months			Advertising plan
	• Implement advertising plan	6 months			Materials associated with advertising plan
CSA/CDS	A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).				
	• Develop questions for the Level I screen	6 months			Level I screening questions
	• Fill out CDS crosswalk (see Appendix H) to determine if your State’s current assessments include required domains and topics	0 months (submit with Work Plan)			Completed crosswalk(s)
	• Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>)	6 months			Final Level II assessment(s); notes from meetings involving stakeholder input
	• Train staff members at NWD/SEPs to coordinate the CSA	12 months			Training materials
	• Identify qualified personnel to conduct the CSA	12 months			List of entities contracted to conduct the various components of the CSA
	• Continual updates	Semiannual after 12 months			Description of success and challenges

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
Conflict-Free Case Management	States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.				
	<ul style="list-style-type: none"> Describe current case management system, including conflict-free policies and areas of potential conflict 	0 months (submit with Work Plan)			Description of pros and cons of case management system
	<ul style="list-style-type: none"> Establish protocol for removing conflict of interest 	9 months			Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies
Data Collection and Reporting	States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.				
	<ul style="list-style-type: none"> Identify data collection protocol for <i>service data</i> 	0 months (submit with Work Plan)			Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> Identify data collection protocol for <i>quality data</i> 	0 months (submit with Work Plan)			Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> Identify data collection protocol for <i>outcome measures</i> 	0 months (submit with Work Plan)			Measures, data collection instruments, and data collection protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>service data</i> collection 	Semiannual**			Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>quality data</i> collection 	Semiannual**			Document describing when data was collected during previous 6-month period and updates to protocol
	<ul style="list-style-type: none"> Report updates to data collection protocol and instances of <i>outcomes measures</i> collection 	Semiannual**			Document describing when data was collected during previous 6-month period and updates to protocol
Sustainability	States should identify funding sources that will allow them to build and maintain the required structural changes.				
	<ul style="list-style-type: none"> Identify funding sources to implement the structural changes 	0 months (submit with Work Plan)			Description of funding sources
	<ul style="list-style-type: none"> Develop sustainability plan 	12 months			Estimated annual budget to maintain the structural changes and funding sources

Category	Major Objective / Interim Tasks	Due Date (from time of Work Plan submission)*	Lead Person	Status of Task	Deliverables
Exchange IT Coordination	States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.				
	<ul style="list-style-type: none"> Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system 	6 months			Description of plan of coordination
	<ul style="list-style-type: none"> Provide updates on coordination, including the technological infrastructure 	Semiannual			Description of coordination efforts

*** If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.*

Signature of Lead of Operating Agency

Signature of Lead of Oversight Agency (Medicaid)

Name:

Agency:

Position:

Name:

Agency:

Position:

In the following discussion, we define the above tasks and deliverables in greater detail.

- **All individuals receive standardized information and experience the same eligibility determination and enrollment processes.**
 - *Develop standardized informational materials that NWD/SEPs provide to individuals:* Informational materials can include pamphlets, summaries of programs and related eligibility criteria, and case worker scripts. States may already have developed these materials and distributed them to individuals seeking community LTSS.
 - *Train all participating agencies/staff on eligibility determination and enrollment processes:* All staff should be trained on these processes by the time the NWD/SEP system is implemented for testing (18 months after date of Work Plan submission). This timing corresponds to an automated NWD/SEP system; the implementation of a paper-based system should require less time. As a related deliverable, States should submit the training documents used by NWD/SEP staff to follow the NWD/SEP processes, in addition to the training agenda. To be effective, documents should include flow diagrams and clear guidelines for each type of NWD/SEP staff member.
- **A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process.**
 - *Design system (initial overview):* The State should submit with the Work Plan a general description of the NWD/SEP system, including the major actors (i.e., Operating Agency, NWD/SEPs), overview of processes (e.g., flow diagram), and the level of automation expected within the system. For example, States should indicate whether they plan on using an online Level I screen and an automated Level II assessment that feed into a central database, accessible to all NWD/SEPs.
 - *Design system (final detailed design):* This second task involves a much more detailed design structure of the NWD/SEP system. If the State plans to contract a vendor to build an automated system, the deliverable associated with this task could be the Request for Proposal (RFP) disseminated to potential vendors. The RFP should include the data flow, highlighting which entity(ies) will house the data, data transfer mechanisms, levels of user access, and data security measures. If the NWD/SEP system is paper-based, the description should include how information will be transferred to different participating entities in a timely manner (e.g. phone, fax) and how non-electronic data will be stored and retrieved securely.
 - *Select vendor (if automated):* Once a vendor is selected to build or enhance the NWD/SEP system, the State should submit a memo indicating the vendor name and qualifications (i.e., reason for selection).
 - *Implement and test system:* We expect many States will gradually roll out the NWD/SEP system, incorporating NWD/SEPs one at a time or in groups. This will allow States to test processes, identify lessons learned, and make improvements. This task requires a description of the roll-out plan, including which entities will implement the system when, and protocols for evaluating processes and incorporating lessons learned.

- *System goes live:* Once the system is live or fully operational, States should submit a memo to CMS indicating that it is fully operational and any major system changes implemented since the detailed design.
- *System updates:* After the system goes live, States should submit a brief semiannual report describing the successes and challenges associated with the system.
- **State has a system of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.**
 - *Identify the Operating Agency:* The name of this agency should be included in the initial description of the NWD/SEP system.
 - *Identify the NWD/SEPs:* The names of the entities and their locations should be included in the initial description of the NWD/SEP system.
 - *Develop and implement a Memorandum of Understanding (MOU) across agencies, including the State Medicaid Agency and the Operating Agency:* Given that many agencies will be involved in the NWD/SEP system, it is essential that each agency has a clear role and is on board with completing its responsibilities. MOUs are a key resource in helping define tasks and garner/confirm support. An example MOU is located in [Appendix F](#).
- **NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.**
 - *Identify service shed coverage of all NWD/SEPs:* As previously noted, a NWD/SEP's service shed covers all residents within a certain distance. Ideally, the combined service sheds of all NWD/SEPs should cover the State's entire population. Given this is not always feasible, States should submit the percentage of the State's population actually covered by the NWD/SEP and a description of why 100 percent coverage is not feasible.
 - *Ensure NWD/SEPs are accessible to older adults and individuals with disabilities:* States should indicate the features of the NWD/SEPs that promote accessibility, including wheelchair ramps, closeness to public transportation, bilingual staff, etc.
- **The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP network.**
 - *Identify or develop URL:* Many States already have websites with information on community LTSS. If the State plans to use a website already in existence, it should submit the URL of that website.
 - *Develop and incorporate content:* The State should incorporate additional information into that website as necessary. Once the website is completed, the State should submit screenshots of and documents available through the website.
 - *Incorporate the Level I screen (recommended, not required):* If the State chooses to incorporate a Level I screening tool into its community LTSS website, it should submit screenshots of the tool, in addition to the instructions for users to complete the screen.

- **Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.**
 - *Contract 1-800 number services:* Many States already have 1-800 numbers for providing information on community LTSS. If the State plans to use a number already in existence, it should submit that phone number. If not, it must describe its method for contracting a 1-800 number service.
 - *Train staff to answer phones, provide information, and conduct the Level I screen:* NWD/SEP staff must be trained on how to provide information and conduct assessments in a standardized fashion. The State should submit related training materials and schedules.

- **State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS**
 - *Develop advertising plan:* Nursing homes, hospitals, community-based organizations, medical providers, and other governmental social programs should be aware of and refer clients to the NWD/SEP system. Therefore, the State must develop and submit a plan for advertising the system to all potential referring partners.
 - *Implement advertising plan:* To indicate that the advertising plan has been implemented, States should submit related materials, such as posters and pamphlets.

- **A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA includes a CDS (required domains and topics).**
 - *Develop questions for the Level I screen:* The Level I screen should include a series of basic financial and functional questions that indicate whether a person may be eligible for Medicaid-funded community LTSS. States must identify and submit these questions. Many will submit a Level I screen already in use.
 - *Fill out CDS crosswalk to determine if State’s current assessments include required domains and topics:* Refer to [Appendix H](#) for instructions on how to determine if the assessment already in use has all required domains and topics within the CDS.
 - *Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended):* Many States already use assessments that meet all of the required domains and topics within the CDS. If not, the State should incorporate additional domains and topics using input from stakeholders. The State should submit the final assessment in addition to any materials that indicate stakeholder involvement as the required deliverable.
 - *Train staff members at NWD/SEPs to coordinate the CSA:* NWD/SEP staff must be trained to initiate and coordinate the collection of Level II assessment. This involves working with the clinical staff responsible for actually conducting the assessment and ensuring the assessment is completed in a timely fashion. Once again, States should submit training materials and schedules associated with this task.

- *Identify qualified personnel to administer the CSA:* States should submit a list of entities responsible for conducting the different portions of the assessment in addition to their qualifications, such as certification, education, or training.
- *Continual updates:* After the implementation of the CSA, States should submit brief semiannual reports with successes and challenges associated with the CSA.
- **States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual’s plan of care must be created independently from the availability of funding to provide services.**
 - *Describe current case management system.* This description should include policies that encourage conflict-free case management, in addition to areas of potential conflict.
 - *Establish protocol for removing conflict of interest:* The State must also submit established protocol on how it is ensuring that the community LTSS eligibility determination, enrollment, and case management processes are free of conflict of interest.
- **States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.** For each data type (service data, outcome data, and quality measures), the States should submit the sources for these data and/or the surveys that will be used to collect these data. Information should also include sampling and data collection protocol when applicable. On a semiannual basis, States should submit any changes in protocol and instances of data collection.
- **States should identify funding sources that will allow them to build and maintain the required structural changes.**
 - *Identify funding sources to implement the structural changes:* Before building their systems, State should know from where they plan to receive their funding. Ideally, States will submit information on the total cost of implementing the structural changes and the amount to be received from each funding source.
 - *Develop sustainability plan:* States must also have a clear idea on the cost of maintaining the structural changes once they are in place. Therefore, States should submit the overall maintenance budget of the structural changes and sources of funding.
- **States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.**
 - *Describe plans to coordinate systems:* This may include discussions with State Exchange IT system staff, the identification of key data fields that should be shares across the systems, and the development of a bridge between the systems.
 - *Provide updates on coordination:* On a semiannual basis, States should report to CMS updates on coordination including new infrastructure developments.