

LTC In-Home and Community-Based Services

Improvement Implementation Plan

	A	B	C	D	E	F	G	H	I	J
	CHANGE	RECOMMENDED ACTION / ACTIVITY	P/ G/O	RESP. PERSON	DATE PLANNED	DATE COMP.	PERCEIVED BARRIERS / CHALLENGES	GAINS / OUTCOMES	MEASURES / DELIVERABLES	PROGRESS / COMMENTS
1										
2	Peach = Kaizen/other rapid improvement event									
3										
4	Promote equity and optimize consumer utilization by streamlining the LTC system into one structure that meets all LTC needs.		14				<ul style="list-style-type: none"> •Spread over two offices. •Vested interests. •CMS approval required for some. •Redundancies. •Complex funding streams. •Differing timelines, eligibility requirements, and service options - leading to inequities. •Financial/budget constraints. 	<ul style="list-style-type: none"> •Evidence of values. •Standardization, coordination, and transparency of processes. •Improved access. •Improved service availability. •Improved effectiveness and efficiency for consumers, workers, and providers. 		
5		Design/Create a consolidated system of 3 programs: Consolidated Waiver, State plan, and State-Funded (or, alternately one State plan option and one waiver) that are - 1) as similar as possible, 2) with all options available under each, 3) are portable, allowing for money/budget to follow the person regardless of program, and 4) emphasize consumer strengths.		Diana, Jay, Leo, Brenda, Lorraine, Betsy, Heidi, David	12/15/09					<ul style="list-style-type: none"> •Explore redefining programs, boundaries, POC, budgets, employer authority/consumer direction, review of covered services, etc. •Refer to CM/Service Provision Strategy below.
6		➤Change the State-Funded program to 3 levels, using Level 1 money for assistive technologies & pending people.								
7		➤Develop "open" waiver with home-based care as fall-back, decreasing delays.								
8		➤Create assistive technology benefit for each program.								

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9		➤ Identify the impact & implications for DHHS programs and budgets/pots of money re: what will have to be done to implement the new model, internal to DHHS management and cost to people & cost to system.								Refer to Mathematica's long-term care study: http://www.mathematica-mpr.com/health/moneyfollowsperson.asp
10										
11	Develop a simple & uniform self-directed model		9	Diana, & above & Sharon, Louise	12/15/09					Include exploring broader self-directed models, options.
12		Create one model for all agencies. Eliminate the difference between the 2 self-directed options.								
13		➤ Borrow the best of current systems and design for consumer								
14		➤ Redesign the FPSO model. Do away with the need for PCA agency for PPSO.								
15		➤ Make FPSO easier for all consumers to start.								
16		➤ Resolve inequities.								
17		➤ Develop one skills training curriculum.								
18		➤ Define/Add/increase Surrogacy ability to the self-directed option (equity among programs).								
19		Consolidate the payroll Fiscal Intermediary role with State management								
20		Explore and implement expanded and enhanced training modalities: face-to-face, classroom, DVD, online, OJT, etc. to meet the needs of the consumer, surrogates, and family providers.								

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21		Ensure competent financial services for the consumer and system.								
22		➤ Re-look at consumer driven-use of Fiscal Intermediary.								
23		➤ Address issues with current contractor.								
24		➤ 'Help public partnership with hours involved.								
25										
26	Create standardized nomenclature of terms and titles to increase consistency among programs and understanding for workers and consumers.			Diana, Helen	12/15/09					
27		Decide upon & change the word for "consumer".		Rules Group						Use descriptive language for people in rules, policies, etc. Refer to Rules group.
28		Decide upon a single, inclusive title for caregivers (we have too many different titles).		Worker Goup						Request the Worker group to address this & report back.
29		Spell out specifics of "qualified provider". What does that mean?								Will be defined under the impending rules.
30		Standardize names and definitions for the various living types across all program and funding streams.								Addressed by State Profile Tool?
31										
32	Balance the LTC system to develop adequate resources & system planning.		14	Brenda, Jay, Kate, Leo, Sharon, Betsy	12/31/09					Goes along with the Blue Ribbon & State Profile Tool. Explore increased federal match for LTC IH&CBS, including Fed. leg. for State re-balancing of systems & transitions (Snowe & Collins).

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33		Roll up individual budgets into global system needs for resources.								
34		Identify and address unmet needs beyond basic needs.								
35		Assure State-level budget includes both LTC/NF & community-based \$.								
36										
37	Maximize the individualization & flexibility of the Plan of Care to assure appropriate and timely services.		11	Doreen, Sharon, Leo, Lorraine, Jay, Brenda, Mollie	3/15/10			Individualized services are valued. Improved customer choice.		Comes out of the LTC model designed above.
38		Re-define the Plan of Care: how it is defined and constituted.								
39		Allow more flexibility for authorizing plan of care.								
40		Identify unmet needs in care plans.								
41		Link unmet needs to MeCare database for statewide planning.								
42		Refresh" individual budgets each year by review of consumer needs: By case manager? By assessor?								
43		Send service orders to providers of choice (consumers) = provider open, decreasing delays.								
44		Allow providers to accept service plan without changes for at least 30 days in order to speed up care delivery.								
45		Increase focus on "programming" for services such as better medication management.								

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46		Allow service order authorization for month or more at a time, encouraging communication with providers about care not "???"								
47		Create individual budget methodology.								
48		Change self-directed services so is budget-based & not limited to PSS.								
49		Take into account weather patterns, location of consumers, individual consumer's condition, demographics, and cognitive and physical abilities in determining numbers of staff needed.								
50										
51	Create & maximize flexibility in the planning and delivery of services		8	Doreen, Sharon, Leo, Lorraine, Jay, Helen, Brenda, Mollie	3/15/10			Individualized services are valued. Improved customer choice and outcomes.		
52		Define "choice." How much flexibility is OK?								
53		Define accountability, especially in light of the current State budget.								
54		Empower consumer/direct care worker to make adjustments to schedule in real time as needed w/approval as needed after the fact								
55		Base case manager service authorizations on consumer choice, not tied so tightly to task times & timing.								
56		Strengthen community involvement in supporting consumers.								

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57		Build flexibility into the direct care worker's work -- allow self-directed within defined parameters.								
58		Encourage direct care workers to work together as a team for the consumer, providing coverage for each other as needed.						Eliminate the troubles generated by trying to find fill-ins.		
59		Provide for back-up coverage for call-outs and no-shows.								
60		Identify the results for the agency and consumer of call outs and no-show call backs								
61		Develop improved staffing search efficiency (explore use of web/e-mail/etc.).								
62										
63	Maximize consumers' ability to make informed choices.		7	Louise, Lorraine, Brenda, Jay, OES, Helen, Betsy, Kate	5/30/10					
64		Ensure true informed choice ("this is what you are eligible for") when eligible for more than one program. 'Functional assessment process is clear to consumer.								
65		Provide easily understood and easily accessible information to consumer. Offer front end access @AAAS & ADRCS								

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66		Increase information awareness to consumers and general public about LTC CBS, as well as providers and others involved in the process so that they will understand the whole process regardless of their particular involvement. Provide a comprehensive view of the process.								Both this team & the eligibility team identified the development & provision of upfront, readily accessible LTC education, information to consumers/family as critical to the timeliness of services and informed choice.
67		Provide chain of command information to clients so a problem can be corrected.								
68		Identify partners to assist with the publication of consumer education options.								
69		Develop consumer guide regarding home care options.								
70		Develop case management brochure for consumers (one page)								
71		Give consumers choice of budget authority self-directed model.								
72		Train assessors regarding the different modes of service.								
73										
74	Establish case/care management standards to maximize quality outcomes for consumer.		7	David, Doreen, Heidi, Jay, Mollie, Leo, Lorraine, Sharon	3/1/10					

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75		Explore case management & the provision of services CM manages, including considerations of conflict of interest/doing not harm to consumer.								<ul style="list-style-type: none"> •Refer to Muskie's study for Colorado: http://www.cdhs.state.co.us/ddd/PDFs/USM_COI_Study_21108%20final.pdf •Also Univ of Minnesota's Policy Research Brief: http://ici.umn.edu/products/prb/191/default.html •Includes sefl-directed services. •Are in process of changing waivers, policies, 96/22 rules.
76		Increase case managers coverage to 7 days per week.								
77		Increase case management visits.								
78		Emphasize the role of education and "seeing" issues first hand.								
79		Separate care plan from assessment.								
80		Establish maximum case management case loads.								
81		Establish case management functions across the system.								
82		Explore Case Management agencies providing all options for self-directed care, agency, and combo.								
83		Review office-based vs travel-based case managers.								
84		Currently "care coordination", explore development of case management.								
85		Increase case managers role with adjusting flexing plan of care (what and how much).								

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86										
87	Enhance options for utilizing assistive technology in order to optimize consumer independence		7	Louise, Brenda, Jay, Leo	12/31/09					also part of designing model & cooperative agreement work
88		Find funding sources for assistive technology. E.g. Funds for stairs, showers, etc.								
89		Include assistive tech. services across all programs.								
90										
91	Improve value & respect for direct care workers		7	Diana, Helen, Susan, Louisa	12/31/09					Refer to be addressed by Worker Task Force & reported back to core team.
92		Provide higher incentives for Direct Care Workers (pay, benefits, mileage, pay differentials for nights/weekends). Raise wages to		Worker Task Force						"
93		Offer health insurance, vaccines to health care providers in the private sector.		Worker Task Force						"
94		Offer CNA certified healthcare coverage to care givers in the private sector.		Worker Task Force						"
95		Standardize wage rates.		Worker Task Force						"
96		Explore the meaning & impact of leveling the playing field for hourly re-imbursement rates (ex. Agency, CD)		Worker Task Force						"
97		Ensure competent financial services for the workers, providers, and system.		Worker Task Force						"

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98		➤Explore agency model employer responsibility re: worker comp./ liability insurance.		Worker Task Force						"
99		Ensure that reimbursement rates are reviewed and are adequate to pay for the costs associated with the delivery of care.		Worker Task Force						"
100		Provide work stability for workers when consumer goes into the hospital, nursing home, etc., making it easier for workers to pick up more work.		Worker Task Force						"
101		Develop education/training for workers re: dealing with difficult/whistle-blowing situations and clients.		Worker Task Force						"
102		Develop education/training for consumers that deals with the work & value of workers.		Worker Task Force						"
103										
104	Enhance availability of staff in order to implement Plan of Care			Kate, Susan, Louisa, Helen	12/15/09					Coordinate w/work of the Worker Task Force
105		Increase availability of staff, including 24/7, best practices..								registry, fill-ins, no shows
106		Increase the numbers of providers/staffing hours throughout the state.								
107		Explore provision of adequate support & re-imbusement for family members to enable them to be caregivers to own family members.								
108										

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109	Create a strategy & standards for improving and assuring workforce training for all persons accountable to the LTC system in order to reach the highest levels of professionalism possible		1		12/31/09					
110		Enhance opportunities for all direct-care workers to receive training.		Worker Task Force						Refer to be addressed by Worker Task Force & reported back to core
111		Explore impact of CNA certification & re-certification requirements and ways to provide assistance w/cost of training.		Worker Task Force						Refer to be addressed by Worker Task Force & reported back to core team.
112		Review training requirements and inequities, identifying how to make them more consistent and appropriate across program/modes of service and type of workers.		Worker Task Force						Refer to be addressed by Worker Task Force & reported back to core team.
113		Provide training for specialty equipment for clients/DCWs.		Worker Task Force						Refer to be addressed by Worker Task Force & reported back to core
114		Explore and implement expanded and enhanced training modalities: face-to-face, classroom, DVD, online, OJT, etc. for <u>all</u> persons accountable to the LTC system, including the various service workers, including family providers.		Diana, Betsy, Lorraine, DHHS Licensing	7/1/10					
115										

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116	Identify, develop, and implement Rule/Policy changes to accommodate the new LTC system and maximize efficiency and transparency.		3	Diana, Jay, Leo, Brenda, Lorraine, Betsy, Heidi, David	3/15/10					
117		Simplify and make policies consistent across all modes of service delivery/programs, including eligibility criteria, budgeting, and method of delivery.						Would also improve transitions, too.		
118		Change rules/regs to make it easier for consumers to transition more seamlessly to a new program.								
119		Remove estate recovery requirements for recipients of home care services.								
120		Increase FMAP for home-based services.								
121		Revise policies to include updated assistive technology as being a covered service.								
122		Equalize service delivery (+financial) = covered services, = caps (monthly service costs).								
123										

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124	Design and Establish an effective quality management strategy across funding streams and population groups to assure a high quality LTC service system.		2	Doreen, Louise, Susan, Kate, Heidi, Helen, Jay, Leo, Sharon	Outcomes: 3/15/10 Implement : 10/1/10			<ul style="list-style-type: none"> Improved effectiveness of Maine's quality assurance / improvement system. Creation & standardization of performance and outcome measures across programs / funding streams and population groups. Improved accountability & performance. Base planning, decision-making, and service delivery on data/information. Assure consumer 		
125		Develop & standardize performance, process/system, and consumer outcome measures.								
126		Use one (streamlined, well-coordinated, and integrated) client & service tracking information system across programs to avoid duplication for clients moving among CM providers & improve quality of services provided.								
127		Increase accountability, monitoring of actual service provision and service need								

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128		Use data to inform system (continuous improvement), such as impact on consumer's use of services, bottlenecks, amount of NF admission decrease, impact of assistive technologies on consumer & system, status of system components' communications, time between assessment referral & service delivery, time on wait lists, etc.								
129		Develop outcome measures such as what happens to people who don't get services due to lack of staffing and/or inaffordability of co-pay.								
130		Identify mechanism for assuring that the POC is delivered & the consumer isn't forced to accept less in order to get some help.								
131		Develop LTC consumer panel to participate in QI process.								
132		Develop, tap into consumer/peer support networks.								
133										
134	Improve the financial and functional assessment processes.			Cheryl Ring	12/17/09					Refer to LTC Eligibility Improvement Team & Report back.
135		Develop initial 30-45 day assessment, then review/re-assess after more discovery.		LTC Elig. Team						"
136		Offer again LTC advisory assessment capacity (people making decisions in crisis situations).		LTC Elig. Team						"
137		Build agreement to accept assessments, ROI's, HIPAA compliance, etc. from Assessor to cover care agencies and providers.		LTC Elig. Team						"

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138		Include risk screening of consumer in eligibility/assessment process (helps next step of building plan of care).		LTC Elig. Team						"
139		Conduct Personal Care Service financial eligibility done at same time as initial assessment by		LTC Elig. Team						"
140										
141	Implement Management Plan for monitoring & assuring implementation of improvements.			Diana						
142		Complete remaining needed information on imp. plan			11/16/09					
143		Distribute first iteration of Imp Plan			11/17/09					
144		Revise & distribute Imp. Plan as needed.			On-going					
145		Complete detailed project plans for accomplishing change actions/activities & submit to Resp. Persons			On-going					
146		Hold Milestone & Status Meetings at 30/60/90 intervals and as indicated by Change Activities & timeframes			Monthly & On-going					
147		Reconvene Implementation Plan VSM Team for Overall Imp. Plan Review & re-work of Actions/Activities.			Within 90 days					
148		Identify any existing or emerging issues/problems/barriers immediately to VSM Mgr.			On-going					
149		Establish effective Communication process & structure			11/16/09					

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150		Track and report regularly on data/measurements/outcomes to VSM Sponsor, VSM Team, Commissioner(s), & DHHS-OLM.			Monthly & as indicated					
151										
152										
153	Explore decreasing re-work in the financial eligibility process in order to improve the timeliness and ease of receiving needed services			Cheryl Ring & LTC Elig. Team	12/17/09					Refer to LTC Eligibility Improvement Team & Report back.
154										