

# Streamlining the Long-Term Care Eligibility Process

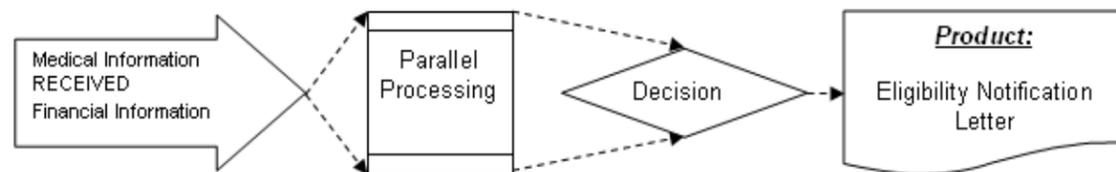
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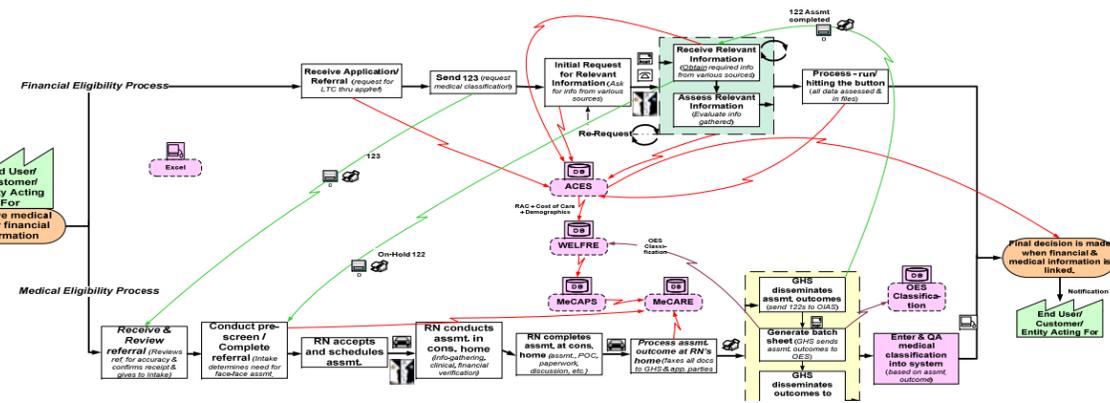
## Background

Long-Term Care Services are provided for through the Maine Department of Health and Human Services. These services encompass a broad variety of services including home care, nursing home care, assisted living, and day services.

To determine whether a person is eligible to receive MaineCare funding for long-term care services, two parallel assessments are made: the State Office of Integrated Access & Support assesses a person's financial information and Gould Health Systems, a State contractor, assesses the person's medical information. In order to reach a timely decision regarding eligibility, these tandem processes must be conducted synchronously and efficiently.



## Current Conditions – November 6, 2008 VSM



## Goals/Targets

- Reduce the time it takes for the whole process by 50% within 3 months.
- Reduce re-work and errors by 25%, improving the quality of the application information submitted.
- Decrease application "wait" time by 25% within 3 months.
- Reduce the staff time required to provide services by 50% in order to free up resources for other work.

## Analysis

**Uniformity/Complexity:** process, requirements, and policies differ for each involved entity.

**Communication:** failure to communicate protocols and relevant information at the right time to the right people in the right way.

**Process:** • Need overall better coordination between the two parallel processes;

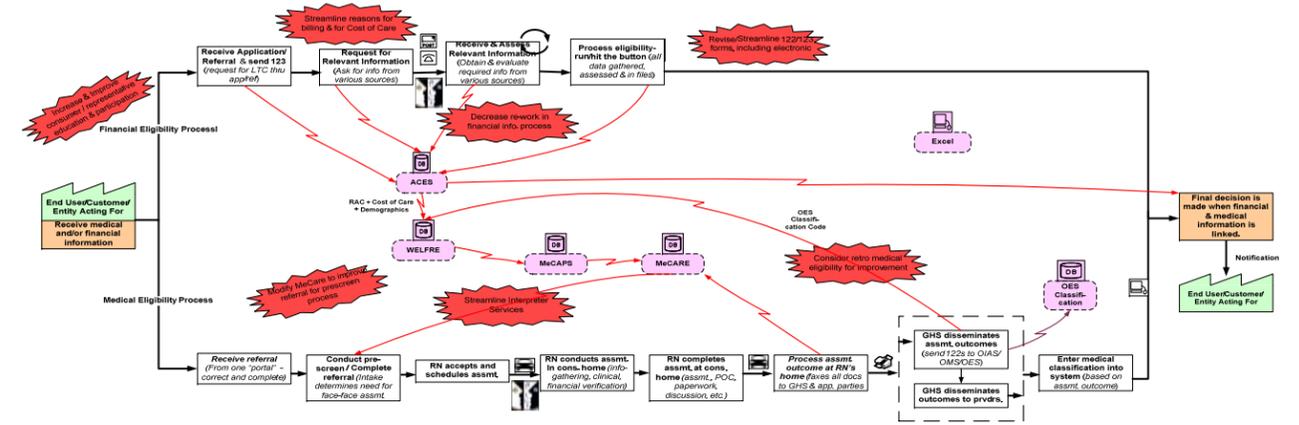
- Have specific problems with long-term care 123 process, especially when financial eligibility is not yet determined, as well as with conversions, updates, retroactive eligibility, and date standards;
- Need a more efficient, automated process to share and request information with each player
- the medical and financial processes are conducted by different entities, using different systems;
- Requests for long-term care assistance come into the system through different doors;

**Synchronicity:** Assessment processes start at different points in time, and proceed at different rates.

**No Alternatives for Service Delivery:** Can't deploy State funds in the interim while awaiting the results of the assessments.

## Proposed Countermeasures – November 7, 2008 VSM

- Improve the timeliness of eligibility determinations.
- Simplify the eligibility processes.
- Reduce rework and errors, improving the quality of the work
- Reduce the staff time required to provide services in order to free up resources for the increasing work.
- Reduce associated costs, making gains available for improving services.
- Improve the collection and availability of project implementation measurement / information data.



## PLAN – November 14, 2008 VSM

Change	Person Resp.	Start Date	Planned Finish Date
Related improvement events/ VSMs/ Kaizens/ etc.			
Streamline assessments in order to decrease re-work & improve timeliness for consumer	Beth, Lorraine, Sue, Brenda		2/14/09
Optimize & streamline technology for its more productive process use	Lorraine, Beth, Cheryl, Brenda		4/30/09
Re-evaluate contracts with providers in order to achieve cost, staff, and time gains.			
Revise/Streamline 122/123 forms, including electronic	Beth, Lorraine, Sue		5/1/09
Modify MeCare to improve referral for prescreen process	Louise, Gwen		3/9/09
Consider retro medical eligibility for improvement	Cheryl		1/30/09
Streamline reasons for billing & for Cost of Care	Beth w/OES, Sue, Sharon		7/1/09
Decrease re-work in financial info. process	Beth & Mike		2/13/09
Streamline Interpreter Services	Lorraine & Jo-Linn		12/31/08

## Follow-up

Change	Person Resp.	Start Date	Planned Finish Date
Establish & implement Management Plan for assuring implementation of improvements.	Cheryl Ring		Ongoing
Increase & Improve consumer/rep. education & participation	Cheryl		9/1/09

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