

History of Burns & Associates' Consulting Engagement with BHDDH June 2010 – September 2015

Burns & Associates, Inc. (B&A) was hired by BHDDH to provide technical assistance with the design, development, implementation and monitoring of Project Sustainability. In later years of the engagement, B&A was also asked to provide assistance related to tasks needed to show compliance with the Consent Decree as well as data analytics related to some of the behavioral health projects at BHDDH.

This document provides a brief summary of the work completed for BHDDH by State Fiscal Year.

State Fiscal Year 2011

1. *Provided technical support and facilitated stakeholder meetings for the Service Definitions Work Group.*

BHDDH Lead: John Young; B&A Lead: John Agosta (HSRI, B&A's subcontractor)

10 public meetings were held Sept-Dec 2010 to gain feedback on service definitions that needed further refinement and new service categories that needed to be developed. The parameters of how the services were defined were then used to inform the rate setting process. Draft service definitions were released February 15, 2011 for public comment. Comments were collected, synthesized and considered for the final service definitions submitted to CMS for approval and for inclusion in regulations.

2. *Provided technical support and facilitated stakeholder meetings for the Assessments Work Group.*

BHDDH Lead: Charles Williams; B&A Lead: Gretchen Engquist

7 public meetings were held Aug 2010-March 2011 to gain feedback on the implementation of the Supports Intensity Scale (SIS) and how to use those assessments to build resource allocation plans that result in individual budgets. The Work Group considered how assessments are conducted, as well as by whom and how frequently. It addressed training needed for consumers, providers, and state staff to translate resource allocation levels into individual care plans that allow for a range of supports both within and across levels.

3. *Provided technical support and facilitated stakeholder meetings for the Rate Setting Work Group.*

BHDDH Lead: Maureen Wu; B&A Lead: Mark Podrazik

16 public meetings were held Sept 2010-April 2011 to gain feedback on the development of service rate models. Over 20 of the DDOs as well as their association staff participated in meetings. In support of the rate development process, a provider survey was administered November 30, 2010. This was vetted by the Work Group before it was released. Surveys were due back end of December. 29 out of 34 DDOs surveyed responded. Analytics on the survey were shared with the Work Group in Jan-Mar meetings. Ultimately, for each service, a benchmark rate (aspirational rate if full funding was provided) and an adopted rate (factoring in budgetary restrictions) were set.

4. *Provided technical assistance and participated in family/advocate stakeholder meetings throughout the state to further explain and answer questions related to Project Sustainability.*

BHDDH Representatives: Tom Martin, Maureen Wu; B&A Rep: Mark Podrazik

7 meetings in total were held-- 2 sponsored by BHDDH (Oct 2010, Jan 2011) and 5 sponsored by PAL (May-June 2011). The primary focus of the meetings was to describe the changes to service

definitions, new services added, how new rates will be implemented, and how the SIS assessments will work.

5. *Conducted an independent review of the functions completed by the BHDDH Social Caseworker Unit and provider agency staff as it relates to case management and support coordination.*

Review was conducted from July 2010 – February 2011. Report delivered February 2011. The review had multiple purposes:

- To ensure that the elements specified in the CMS Final Rule definition of case management are being completed;
- To provide assurances to CMS per the Global Consumer Choice Compact waiver that the case management function is being completed in accordance with expectations;
- To provide a more complete understanding of the functions being completed by the BHDDH Social Caseworker Unit and by provider agencies;
- To assess similarities and differences in the approach used by individuals who complete these functions;
- To identify notable practices used by entities that are involved in the case management process; and
- To offer recommendations for continuous improvement in this function.

Interviews were held with 10 Social Caseworkers and each of them walked through their process for case management and information tracking. A similar process was done onsite at 13 DDOs.

Meetings were held with DDO Leadership and individual support coordinators. A total of 65 case files were reviewed (5 per DDO).

6. *Assisted with the design, development and implementation of the BHDDH Debit Authorizations system implemented by HP (now DXC).*

Weekly meetings were held with BHDDH, DoIt, HP, and B&A staff participating to refine the HP authorizations module so that it would enable BHDDH to authorize services in groups rather than at the individual HCPCS level. Ultimately, the system was designed to load person-specific auths (usually 4-5 per quarter) and claims paid to DDOs were debited against the appropriate authorization for the person.

7. *Assisted with writing updates to regulations as they relate to changes in service definitions, billing requirements, ISP requirements and assessments.*

8. *Prepared fiscal impact models to migrate participant-specific authorizations prior to Project Sustainability to transitional authorizations prior to SIS assessment.*

9. *Drafted Public Notice, Category II waiver amendment language, and responses to CMS to secure CMS approval of all Project Sustainability changes requiring federal approval.*

10. *Assisted with Project Sustainability implementation activities, such as:*

- a. Delivered files to HP for the Debit Authorization system
- b. Developed person-specific authorizations
- c. Wrote a billing manual for providers and facilitated training sessions
- d. Prepared Purchase Order templates for DDOs to complete with Participant

State Fiscal Year 2012

The primary activities in this SFY were to provide technical assistance on Project Sustainability implementation, prepare BHDDH for implementation of the SIS, and respond to legislative inquiries.

11. *Continued implementation activities for Project Sustainability, such as:*

- a. Created quarterly authorizations (ultimately turned over to BHDDH 7/1/13)
- b. Responded to DDO billing inquiries
- c. Developed fiscal and utilization reporting package to monitor new system

12. *Assisted with SIS Assessor Training*

BHDDH decided to use existing Social Caseworkers as SIS Assessors, but as per the Assessment Work Group recommendation, they had to be certified by AAIDD before the SIS assessment could be 'counted'. B&A (with our subcontractor HSRI) facilitated the assessor training conducted by AAIDD as well as conducting the separate training for Supplemental Questions.

13. *Assisted with SIS Scheduling*

BHDDH decided to hire a dedicated SIS scheduler. B&A developed a method for assessing the highest priority first 1,000 assessments, then an ongoing schedule for the remaining approximate 2,600 assessments to be completed. Although a SIS Scheduling Database was developed by B&A, it was ultimately decided by BHDDH to use an alternative method.

14. *Drafted and Refined SIS Administration Policies*

B&A drafted the initial policies and then worked with BHDDH staff on policies such as how the SIS should be administered, the qualifications of the assessors, who should be present at the SIS interview, assurances that the process was valid, opportunities for participants to request a re-SIS, when it is appropriate to conduct a new SIS based on a major life change, and how funding for extraordinary supports should be evaluated.

15. *Developed and facilitated a Clinical Validation of the SIS*

BHDDH invited 17 individuals who were clinicians from outside the State, DDO representatives, and advocates to participate in one of four Clinical Validation work groups to assess (a) whether the SIS level assigned to the participant based on the SIS scores aligns with the clinical needs as evidenced in the participant's case file and (b) whether the service package that the individual would receive based on their assigned SIS level would meet their needs. A total of 89 case files were reviewed. The validation occurred during the week of June 24, 2012. A report of findings was delivered to BHDDH in July. B&A facilitated in preparing the case files for review, coordinating the validation meetings, debriefing BHDDH on findings and writing the final report.

16. *Ongoing fiscal monitoring of expenditures and budgeting under Project Sustainability*

Immediately after the initial rates were set for 7/1/11, the Legislature cut funding for private DDOs by \$16 million. As a result, in the first year of implementation, authorizations and expenditures had to be tracked carefully to determine the value of new reduced rates to address this funding reduction while also assuring that the entire allocation was spent. As a result, monthly monitoring reports were created and rates were adjusted downward in Q2, then slightly upward in Q3 and Q4 to fit into the allotted budget.

17. *Develop report to Legislature on BHDDH program compared to other states*

In light of the legislative reduction and threats of further cuts for SFY13, B&A was asked to write a report that compared BHDDH's I/DD program against other states. The intent was to show that, although at one point the Rhode Island I/DD program could be considered a 'rich' benefit, this benefit package to participants was eroding.

State Fiscal Year 2013

The primary activities in this SFY related to technical assistance to transition service authorizations to SIS-informed resource allocations, additional rate updates and budget forecasting, streamlining ISP tracking and review processes, and assistance with analyzing Health Home outcomes for the BH division.

18. *Technical assistance converting to SIS-based resource allocations*

After the Clinical Validation process was completed, BHDDH accepted some recommendations from participants to make adjustments to service packages by SIS level. Ultimately, these service packages were created based on residential status and SIS 'Tier' (7 SIS levels were merged into 5 'tiers'). B&A assisted in the assignment of participants to tiers, priced out the cost to the State of each tier, and proposed a methodology to transition individuals to their SIS-based resource allocation. The first allocations under this system became effective February 1, 2013.

19. *Ongoing fiscal monitoring of expenditures and budgeting under SIS resource allocations*

After the first year of billing under Project Sustainability, budget models were refined. In addition, some small funding increases from the Legislature and the conversion to SIS-informed resource allocations were brought into rate updates and fiscal budgeting.

20. *Assist with tracking and reporting on ISP submissions*

B&A was asked by BHDDH to develop a better method to track the intake and review of annual Individualized Service Plans (ISPs) since often they were not submitted timely by DDOs or were eventually lost at BHDDH. B&A built a Microsoft Access database to track the intake of ISPs at BHDDH and where in the review process the ISP was currently (fiscal, caseworker, or management). Management reports were developed to assist in improving the BHDDH ISP approval turnaround time.

21. *Analyze Health Home pilot outcomes*

In exchange for receiving federal approval effective October 2011 of its Health Home pilot for coordinating care for the SPMI population, CMS expected BHDDH to report on the outcomes of the measures it would track. As of March 2013, no outcome data had been analyzed. B&A was asked by BHDDH to begin analyzing data readily available to measure some outcomes and to identify the gaps in data to analyze the remaining outcomes.

State Fiscal Year 2014

The primary activities in this SFY related to SIS tier assignments, additional drilldown into utilization of services, monitoring and budgeting for continued SIS-informed resource allocations, and begin to develop protocols for compliance with the ISA/Consent Decree.

22. *Assign participants to SIS Tiers*

In consultation with BHDDH, an algorithm was developed to assign participants to SIS Tiers based on the result of their SIS assessment. To avoid conflict of interest with BHDDH staff, it was decided by BHDDH that B&A would assign the SIS Tiers and BHDDH would only receive the final determination. A process was developed so that B&A would create SIS Tier Assignment files for BHDDH twice per month as the SIS assessors uploaded SIS data into the SIS Online tool.

23. *Continued monitoring and budgeting as SIS-informed allocations came 'on line'*

As new participants were assessed by the SIS, a considerable amount of analyses was done to forecast if the new SIS-informed Tier assignment and the corresponding SIS package would provide more, less or the same level of services that the participant received pre-SIS. This involved examining utilization trends of services at the participant level since the beginning of Project Sustainability and forecasts on the aggregate impact to the Private DDO budget.

24. *Drill down examinations of services in connection with SIS Tiers*

Once the Interim Settlement Agreement (ISA) became effective, it became obvious that additional scrutiny would be given to the remaining population pertaining to employment and day services. B&A created day/employment reports measuring units and dollars by quarter, by provider, by HCPCS/modifier (staffing ratio levels), and how these were changing over time.

25. *Technical assistance related to the ISA and Consent Decree*

B&A crosswalked ISA terms to BHDDH regulations to determine where remediation was necessary. B&A also developed mockups of a Microsoft Access tracking database to report on outcomes for individuals in the ISA protected class. Once the Consent Decree was signed, this database was revisited to build in the capacity for measuring Consent Decree outcomes as well. The database was reviewed with staff involved with the ISA and Consent Decree.

State Fiscal Year 2015

The following items represent activities that were worked on by B&A in SFY 2015. Due to changes in leadership and priorities at BHDDH, some activities were ultimately suspended.

26. *Crosswalk requirements of the Consent Decree with current BHDDH data capacity; identify gaps and potential workarounds; update functionality of the Consent Decree data tracking database*

27. *Facilitate meetings with DDOs on Consent Decree reporting requirements, issues around transportation funding, and the development of potential pilots with the aim to improve Consent Decree outcomes*

28. *Additional fiscal modeling and budgeting of the Private DDO budget, including models for budget reductions and budget enhancements (related to Consent Decree requirements)*

29. *Continued examination in the utilization and expenditure trends of day/employment services, including by SIS Tier*

30. *Continued bi-monthly SIS Tier assignments*

31. *Construct sample (and backup sample) for 400 NCI surveys*

32. *Development and ongoing update of Support Needs Profiles to accompany SIS Tier notification letters and annual notices to current participants*
33. *Development and ongoing update of summary reports for Social Caseworkers on the SIS-informed support needs of their caseload*
34. *Development of, and participation in, onsite provider audits of center-based and community-based day program services*
35. *Write the BHDDH Quality Management and Improvement Strategy as required by the Consent Decree*
36. *Development of a BHDDH youth transition monitoring and scheduling database*