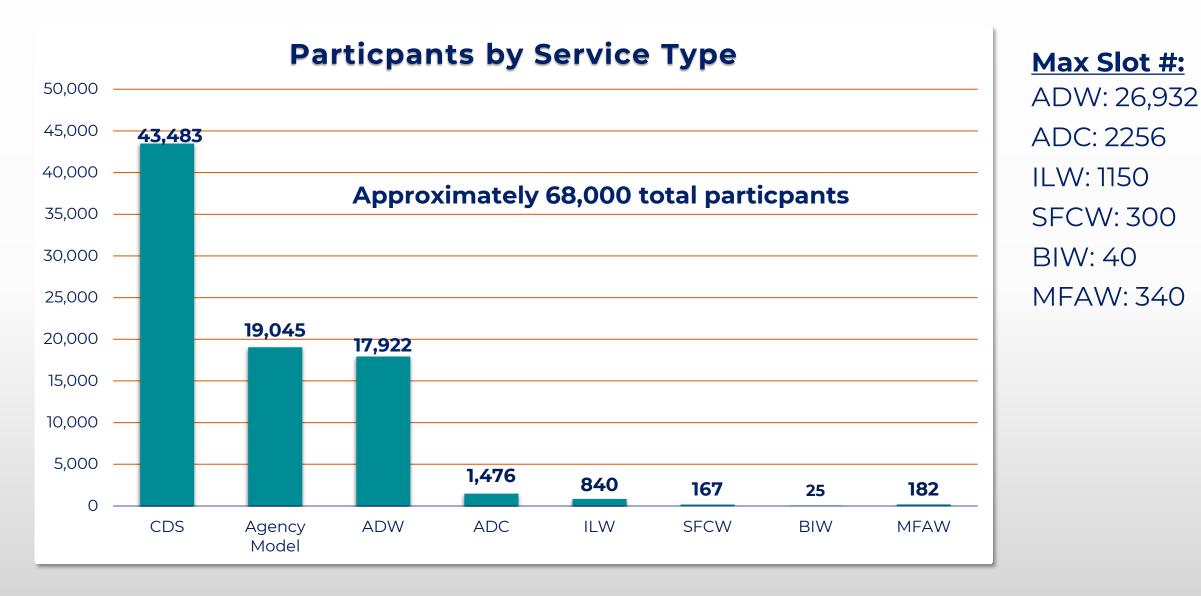


MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

Division of Senior and Disability Services

MMAC Provider Meeting Updates Fall 2024

Participant Statistics



* Counts pulled September 2024 *Some participants may be in more than one service type

Care Plan Change Processing Times

Spring 2023

In Spring 2023, the average care plan processing time was:



August 2024

In August 2024, the average care plan change processing time was:



Initial Referrals



- On average DSDS is completing assessments within 12 business days.
- Common delays are related to:
 - Collateral contacts
 - Dually enrolled
 - Participant scheduling availability
 - Unable to contact participant



Which do I Submit?

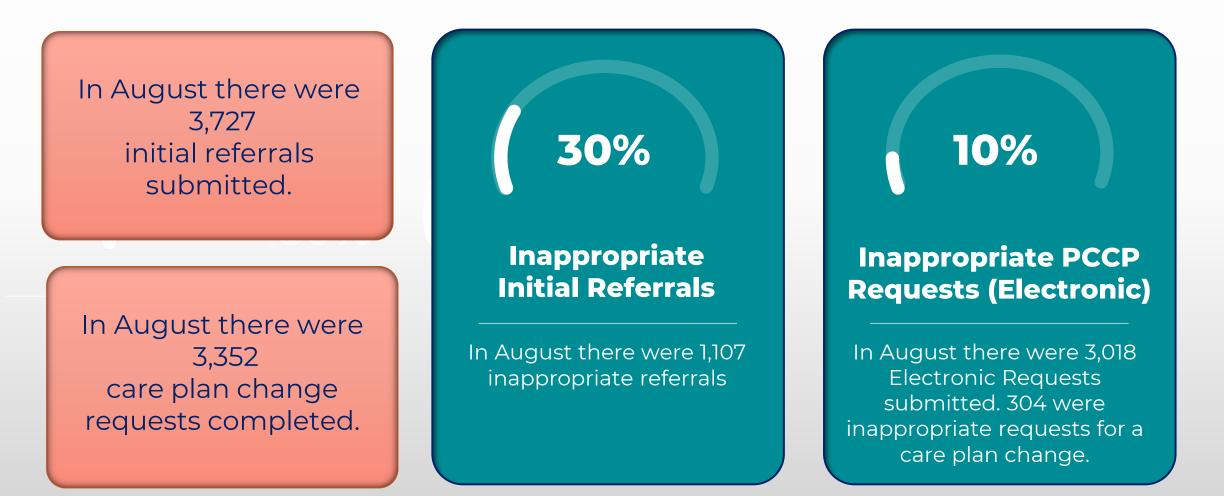


This information can be found in Web Tool. To get access to Web Tool call:

1-888-581-9797

Referral and Request Statistics

Initials Referrals and Care Plan Change Requests





Consumer Survey

- Voluntary survey to measure and track performance and outcomes of LTSS programs from the participant's perspective
- DSDS has participated in the survey since 2017
- To date the information from these surveys have been used:
 - Performance metrics shared with legislators
 - 1915c waiver performance measures
 - Data driven improvement initiatives
- No longer will be voluntary with the passing of the Access Rule. Will be required to report to CMS on specific outcomes (Quality Measure Set).

Click <u>here</u> to view past reports and more information!

How Can You Help?

Share the Purpose:

The survey is intended to assess the performance and delivery of HCBS in Missouri. The survey data will provide DSDS with valuable information about the impact services have on participant's quality of life, service satisfaction, and outcomes.

Explain the Process:

- May be completed via telephone or in-person
- Completed by contracted agency called Knowledge Services
- Takes approximately 45 minutes
- Responses are anonymous

Support Surveyors

- Assist with obtaining up to date contact information
- Allow them to enter your facility

Click here to view INFO <u>09-24-06</u> for more information.



Workforce/Operational Surveys

Year 3

State of the Workforce (SoTW-AD) Survey:

- Agency Model, RCF/ALF, and ADC Providers
- Open Now
 Sept 18th Nov 15th
- Payment will be issued in early 2025
- Last year: 243 respondents, 29%

A summary report will be released in summer 2025.

Click <u>here</u> for the round 1 report. Click <u>here</u> for the round 2 report. Consumer Directed Services Operational Survey:

- CDS Providers Only
- Coming again January 2025
- Payment will be issued in early summer
- Last year: 402 respondents, 42%

Direct Service Worker Initiatives

Provider Workgroup

Training
 Development

 Basic & Advanced

• Inservice

Certification

Safety



DSW Panel

Panel of 15 DSWs

• 10 meetings

 Research other states' efforts

• Final Report

Ongoing Focus:

Collaboration with high schools and higher education

Comprehensive Rate Study

Purpose: To determine whether the fee schedule rates being paid to providers are reasonable and appropriate given market conditions

CMS requires states to formally review rates for all waiver services at least once every five years. Previous rate study was completed in 2019.

Cost Components include wages & overtime; employee-related expenses; productivity; other service-related expenses; and admin/overhead

Kicked Off May 2024 Stakeholder Call #1 September 2024

Stakeholder Call #2 October 2024 Edits/Finalization November -December 2024

Goal Publication January 2025

Comprehensive Rate Study

What data references and considerations are being used for this rate study?

- Bureau of Labor and Statistics Data
- Workforce Surveys SoTW-AD and CDS Operational
- Direct Service Worker Panel Feedback
- Regulations and Manuals
- Comparative state rates (ex: DMH)
- Quality assurance/improvement goals, initiatives, and mandates
 - Access Rule
 - Increased

Comprehensive Rate Study



Compensation

Employee Related Expenses

Productivity

Other Service-Related Costs

Administration/Overhead



ACCESS RULE IMPLEMENTATION TIMELINE

July 202		1 Year 2025	2 Years 2026	3 Years 2027	4 Years 2028	5 Years 2029	6 Years 2030	7 Years 2031	8 Ye 20
Incidents	Meet Definiti	on & Begin	Reporting		System Live				
Grievance Process									
РССР									
QMS			MFP	25% meas	sures	50% mea	sures	100% mea	isures
DCW Payment			Readiness I	Plan Rep	orting	80/20	Req.		
Rate Publication		July 1, 2	2026						
Access Timeliness									
Wait List									
IPAG		1 st Meet	ting						
MAC/BAC	Establish	1st Re	port						
Veb Transparency									

CMS Access Rule Webpage

Full Version of the Access Rule – Federal Register

Provider Reassessors

New Reimbursement Rate

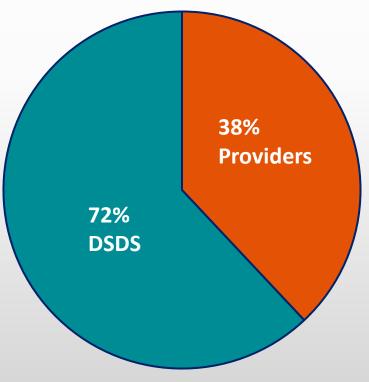
• Effective July 1, 2024, reimbursement increased from \$75 to \$100 per reassessment.

How Can You Participate

- Process located on the <u>Provider Reassessor Webpage</u>
- Must enroll with MMAC as Type 27 provider
- Hire assessor that meets qualifications
- Complete online courses & exam

Benefits of Participating

- Extra source of reimbursement
- Aware of participant's ongoing needs



% of Reassessments Completed

New Case Management System

Implementation Date

• Currently go live is set for February 2025

Training Available

- Virtual trainings will be conducted approximately 1 month prior to go live
- Notification will be sent via memo closer to the date

InterRAI Updates

• Version 10 of the InterRAI Home Care will be used in the new system

Goal of new system:

- Consolidate CyberAccess Web Tool and the 4 other siloed systems used by DSDS staff into one comprehensive system. This consolidation aims to:
 - Streamline processes
 - Improve efficiency and processing times to better serve particpants.



QUESTIONS?

LTSS@health.mo.gov

